

**SUPERVISION AND STUDENT PLACEMENTS
FOR CLINICAL PSYCHOLOGY**

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ABSTRACT

There is little research in New Zealand concerning clinical psychology training in general, and in particular the factors that influence effective supervision for students in training as clinical psychologists. This thesis is an exploratory study of supervision and student placements for clinical psychology and is intended to provide a base of data and information to enable further research to be carried out. Data was obtained from two questionnaires which were completed by supervisors and clinical psychology students on placement from the training programmes of six New Zealand Universities. Supervisor and student perceptions of different supervisor behaviours were investigated as well as contracts, conflicts of roles, ethics, transfer of learning from theory to practice, supervision of supervision, gender or cultural issues and parallel process. Information gained from the questionnaires highlights differences between supervisors and students in perceptions of supervisory behaviours. In addition, the responses to the second questionnaire indicate considerable discrepancies within the supervisors' group and within the students' group, as well as between the two groups. The implications for the training of clinical psychologists and for the training of supervisors are stated. The findings suggest that the national minimum and ideal standards, incorporating the defined and specific purposes and objectives of the training and practice component of the programmes for clinical psychology are in need of clarification and justification.

CHAPTER ONE

INTRODUCTION

"QUIS CUSTODIET IPSOS CUSTODES?"

(who will care for and protect the carers?)

JUVENAL VI: 347-8

1.1 Clinical Psychology

Clinical psychology as a division of professional psychology has developed over the last forty years, following post-World War II decisions about the direction of this specialist area. The components of the clinical psychology specialist area include assessment and testing, diagnosis, management and treatment. Clinical psychologists are primarily concerned with assisting people who have mental and behavioural disorders. Complementary to the preceding activities, clinical psychologists have a commitment to pursuing scientific research in order to stimulate progress in the assistance offered to clients or patients.

1.1.1 Models of the Profession

The scientist-practitioner model for clinical psychology originated from the 1949 Conference of United States psychologists at Boulder, Colorado (Woody & Robertson, 1988). The principle was established that training in research as well as clinical skills was a requirement for clinical psychologists. It was not until 1973 at the Vail, Colorado, Conference that a significant shift in ideology was proposed, recommending that the previous requirement of a PhD, which included supervised practicums in clinical settings, be modified to the acceptance of a Masters Degree as an adequate qualification. This proposal was not accepted,

but a so-called 'softening' occurred with some universities creating a PsyD (Doctor of Psychology) with very little or no research undertaken as part of the Degree.

A survey of clinical psychologists in the United States regarding the preferred model of training (Norcross, Gallagher & Prochaska, 1989) found that rather than expressing a preference for either the Boulder or the Vail model, participants were more likely to consistently complain about the deficits in the amount of training in clinical skills. This largest group of respondents suggested the need for more clinical experience, more skilled supervisors, and more emphasis on clinical technique. Norcross et al. (1989) argued that the debate over the alternative models should become more informed and that restrained dialogue commence with a consideration of multiple options, rather than pursuing an either/or dichotomy.

The New Zealand model of training for clinical psychology emphasizes the scientist-practitioner model, and includes training in research and the use of diagnostic and therapeutic techniques (Corballis, 1990). This model has developed from the Boulder Model, but does not require the qualification of a PhD degree. Five universities offer a Diploma course, following a Masters degree, and one offers a Masters degree in Applied Psychology that includes clinical papers and practical work. Following satisfactory completion of course requirements and passing the Diploma of Clinical Psychology examinations (or equivalent) the Psychologists' Board grants registration in the clinical psychology category.

Corballis' (1990) article addresses the apparent growing gap between scientific and professional psychology, and also notes the discrepancy between the clinical training and experience of academic staff, and the need for those staff to have adequate training as educators or as course leaders.

1.1.2 Training: United States, Britain and New Zealand

There is a significant and complex amount of organization required to create a responsive environment for a training course or programme (Pitts, Miller, Poidevant & Meyers-Arvin, 1990). The needs and requirements of faculty, students, the university, placement settings and placement supervisors as well as clients are all subject to consideration and co-ordination. Pitts et al. (1990) make the specific point that there is a need for a clear definition of the legal status of students in a practicum setting. Overseas trends indicate an increased threat of litigation which can extend to students on placement (Cormier & Bernard, 1982; Herlihy & Sheeley, 1988) and there is presently a recognition in New Zealand about the growing need for psychologists to have professional indemnity in relation to the possibility of being sued.

Peterson (1991) examined the historical background of education for the practice of psychology and suggests that the concept of practice as disciplined inquiry is appropriate to the education of professional psychologists. He concluded that there needs to be acknowledgement of differences between basic scientists, applied researchers and professional psychologists, and that ways need to be found so that each may concentrate on their special area, in co-operative, complementary and productive ways that would allow integrated information to be developed and used effectively.

Recent socio-political changes regarding responsibility and accountability, both in professional training and funding, demand scrutiny of the specific and defined purposes and objectives for a training programme. These explicit objectives permit and encourage evaluation to assess "value for money" as well as consistently monitoring and improving the quality of professional services (Gardiner, 1989). Despite the centrality of placements in developing the practice components of clinical psychology, there is a lack of research-based studies of teaching and learning in supervision that hampers necessary improvements in the quality of practice learning. Subsequent developments in supervision are

thus limited, in spite of the consultation between the educational institution and the placement agency when integrating course planning, selection, and assessment of students in relation to the practice component of training programmes.

1.1.3 The Interface Between Academic Education and Clinical Supervision of Student Placements

The special area of co-ordination between universities and placement institutions or agencies for clinical supervision in practicum and internship courses is poorly addressed in the literature. However, two recent studies are relevant. Pitts, Miller, Poidevant and Meyers-Arvin (1990) examined what they viewed as a system of supervision co-ordination, and identified significant factors, together with the impact of the components on the whole system. They asked questions about students having problems settling into the available placements, the matching of faculty members and students for supervision, and the course directors' management of dealings with the placement supervisors in the creation of effective working alliances between the training institution and the placement agency or institution.

In the second study, Prien and Khanna (1990) compared faculty models of education and training with student practicum roles and identified important faculty models and student roles in terms of tasks and job skills. When the results from the two groups were compared they were found to lack similarity. Prien and Khanna (1990) concluded that there were two alternatives to explain the differences. One alternative was that the faculty models possibly represent an hypothetical developmental view of practicum roles, involving an emphasis on centripetal forces (Altman, 1987), with concerns for an 'ultimate' education for task and research skills the students are to acquire. The other is that the faculty view student practicum jobs as consisting of artificial roles. These alternatives are proposed in order to explain the contrast with the students'

descriptions of their practicums, where the students tend to be preoccupied with gaining therapy and assessment skills, and developing the capacity to organize activities in the face of stress. The model described by the students gave minimal attention to research activity. The above two studies highlight the need for further development when integrating academic training and student placements so that there is a closer match between the perception of faculty and students in relation to setting course standards and meeting the students' learning needs.

1.1.4 International and National Training Standards for Professional Psychology

Mary Nixon's recent article (1990) notes that although the training and practice of professional psychologists occurs in an international context, there have not been international standards of training established. Nixon (1990) comments on factors that preclude obtaining international training standards, but proposes that some minimum standards of professional training could be attempted. A beginning and a first focus in relation to research might be to create international standards for examining theses and dissertations. In addition, Nixon (1990) puts forward for consideration, the possibility of theses and dissertations being made more widely available.

Local socio-political conditions are cited as causing difficulty in obtaining agreement on international standards, as well as the principle that the scientific discipline of psychology is further developed than applied or professional psychology. However, Nixon (1990) has data for five regions, (Western Europe, Latin America, Australasia, Israel and the United States of America) which indicate agreement on the content of basic scientific courses: general, experimental, developmental, social, and abnormal psychology, with appropriate research methodology, theory, and practice.

According to Nixon (1990), graduate programmes do not indicate similar

agreement over the following five dimensions: a) the ratio within the course of scientific theoretical content to professional practice; b) the ratio of course work to independent individual study; c) the extent of specialization, for example in clinical or occupational or educational psychology, compared with general professional principles common to all applied psychology; d) the place or purpose of a thesis, research project, or report; and e) the nature and location of practical training, and its assessment.

In working towards minimum standards, Nixon (1990) acknowledges that national associations of psychologists must accept significant responsibility in order to meet the needs of the social environment in relation to the services offered by trained psychologists, as well as locating the research trends most appropriate to meeting the community needs.

A survey of American Psychological Association accredited clinical psychology programmes (Sayette & Mayne, 1990) found a considerable divergence in the research areas offered, the types of clinical training sites available to graduate students and the prevalence of clinical orientation. Many programmes provided a university-based general clinical experience. The 'top ten' clinical areas were as follows (in descending order): family therapy, behavioural medicine, neuropsychology/rehabilitation, marital/couples therapy, community psychology, eating disorders, anxiety disorders, minority/cross cultural, gerontology/aging and schizophrenia/ psychoses.

A recent publication by the British Psychological Society (1988) states as one of its five main themes the need for an increase in the details of evaluation of the content of psychological education, its methods, aims and expected outcomes. Continuing with a British perspective Radford and Rose (1989) raise the question of whether the attention paid to professional training in psychology has in fact adequately covered a systematic analysis of courses in terms of their ability to prepare students for professional practice, and in terms of meeting minimum national standards.

The New Zealand Qualifications Authority (NZQA) was set up in 1989 to develop a national qualifications framework. In relation to this central body designed to oversee the standards and format of national qualifications, the New Zealand Council for Education and Training in the Social Services is the body responsible for establishing criteria for national recognition of programmes, and has the right to make recommendations to NZQA on the composition of course approval and accreditation panels. There appears to be no national body such as NZQA responsible for setting minimum standards for the training of clinical psychologists in New Zealand.

1.2 Supervision for Professional Psychology: Purpose and Parameters

Supervision as an integral component of training for professional psychology has evolved primarily from a social work model and is still being clarified in relation to its process and purpose. The British Association of Counselling state in their ground rules for supervision that "the primary purpose of supervision is to protect the best interests of the client." (BAC. draft document on supervision, 1987:2). Schaefer (1981) defined three objectives for supervision: 1) to assist the supervisee in the development of a self-monitoring self/evaluating mind-set; 2) to (covertly) train the supervisee for a future supervisory role; 3) to teach therapeutic skills, ethical behaviours and skillful interpersonal interactions within the supervisory relationship. A more recent definition from the United States (Efstation, Patton & Kardash, 1990) suggests that the purpose of supervision is to "combine the actions of the supervisor who is purposefully influencing the student with their skill and technical knowledge, with the reciprocal willingness of the student to display her/his acquisition of those same skills and knowledge.

Proctor (1988) identifies and describes the main processes of supervision, and uses the terms *formative*, *normative* and *restorative*. The educative or *formative* function, happens when the supervisee develops skills, knowledge,

understanding and abilities. The supervisee's work with clients is attended to and explored so that future interventions, with similar clients, or the generalization of that work, may be carried into the future.

The *normative* function is about the quality control aspects of a supervisee working with clients. Included are responsibilities for the wellbeing of clients, the upholding of agency or institution standards, ensuring the work of the supervisee is appropriate for the particular client and that the supervisee's work adequately fits within the bounds of ethical practice.

Finally, the *restorative* function of supervision occurs when the supervisor attends to the supervisee and the impact of working with troubled clients. This function relates to the concept of burnout, a process which can begin very early in one's career as a mental health professional. The support function of a supervisor is critical in the early stages of professional development, since not only is the supervisee/student vulnerable as a new learner, but also he/she is being exposed for the first time possibly to the needy client.

If clinical psychologists were to have a mission statement, it would likely include reference to the assistance and alleviation of distress that is offered to troubled clients. Pines and Aronsen (1988) suggest that burnout for health professionals often manifests itself earlier rather than later with signs of fatigue and low morale, and is most often caused by a combination of very high expectations and chronic situational stress. The symptoms of burnout may well develop as a consequence of the combination of the demands on a student of an intensive training programme as well as the commencement by the student of working with clients "at the coal face", under the duress of applying recently learned skills. The supervision plays an important role in detecting the approach of burnout, and encouraging self-care behaviours (Proctor, 1988).

Much of the literature on supervision in the helping professions comes from psychotherapy, counselling, and social work. The literature on professional psychology also consistently includes reference to the requirement

of supervision. However, supervision in relation to the specific qualification of clinical psychologists is infrequently mentioned. The most applicable section of the literature, with consistent reference to clinical psychologists, is that focused on psychotherapy. This general paucity of information specifically referring to clinical psychology does not appear to have been addressed in the recent literature.

In spite of the limited information about clinical psychology available in New Zealand, the recently formed College of Clinical Psychologists has taken a step forward in relation to national standards by setting a requirement for admitting psychologists to membership of the College. Three years' post-graduate supervision is required for the purpose of "encouraging and monitoring the continuing development of skills in applying psychological principles, theory and knowledge to the client presenting for assistance with emotional, psychological and behavioural difficulties" (N.Z. Clinical Psychologist, 1991, p6).

Having considered the purpose and parameters of supervision for student placements, there appears to be scope for further clarification about supervision in relation to the training of clinical psychologists in New Zealand, recognizing that there are changes under way for those already trained and practicing as clinical psychologists, provided they are members of the College of Clinical Psychologists. For those clinical psychologists who choose to practice without membership of the College of Clinical Psychologists, the guidelines for their standards and purposes in offering supervision to students in training require clarification.

CHAPTER TWO

LITERATURE REVIEW

Supervision of students whilst on placement is an integral component of professional psychology training, and a variety of common factors that are significant in the supervisory process are addressed in the following sections. The sequence of the sections below has been selected by considering the probable natural progression of the attention paid to issues as a supervisory relationship develops. The process of supervision both in a session and over the length of the student placement with a particular supervisor was also considered. This selective review primarily describes rather than evaluates the recent literature in the field of supervision for professional psychology.

2.1 Training for Supervision

There are a multitude of issues involved in supervision of psychologists in training. The primary area of interest and concern with trainees in supervision is their professional development, and the stages of development through which psychologists move as they further their training (Hess, 1980; Stoltenberg & Delworth 1987). The needs and training requirements of supervisors are also vital matters to be considered.

Clinical postgraduate training course organisers must be constantly asking the question, "training to do what?". Parry (1988) suggests that clinical skills need to be clearly defined and monitored, so that comprehensive assessment can be achieved. Clinical skills should be defined in manageable learning units so that careful rehearsal can be carried out prior to assessment. In the assessment of competence of clinical skills, Parry (1988) suggests that the form of assessment used, how it is done, and when it is done, determines what is learned. This leads to questioning the benefits of the training process to both the student and the client. Co-ordination and dialogue between placement supervisors and

academic tutors and course organisers are deemed necessary to resolve the issues raised above.

a) SUPERVISORS

The need for skilled supervisors, good training in supervision, and for theory and research in this area has increased much faster than the provision." (Hawkins & Shohet, 1990).

Few theorists have asked how supervisors develop their skills and expertise as supervisors, or whether they respond differently to peers or students (Bernard, 1981). A further question arises as to whether supervisors improve as a consequence of experience, or simply change per se, with a possibility of either improvement or deterioration in what they offer a supervisee. Worthington (1987) has suggested that mere experience might be insufficient to enable one to develop and improve, to view one's work objectively, or to take different perspectives on one's work.

One further aspect of the training of supervisors is the task of assisting students to enhance their interpersonal skills. In order to participate in this aspect of training effectively, supervisors, therefore, would need to have been educated accordingly (Lambert & Arnold, 1987). Lambert and Arnold (1987) suggest that the experience of supervision should have an impact on the supervisee with regard to positive attitudes to clients, and effective interpersonal skills. The assessment done to date on the effects of supervision on interpersonal skills suggests that these skills are modified during supervision and related training. Research on supervision can assess the nature and degree of this impact. Explicit attention to interpersonal skill training is required by supervisors and trainers. In conclusion, Lambert and Arnold (1987) suggest that future researchers in the training of supervisors use realistic criteria, and that the potential rewards will benefit students, supervisors and clients.

Very little research exists pertaining to the transition from the role of

student to the often dual roles of competent clinician and supervisor. Styczynski (1980) noted that the transition highlighted the difference between the intensive training received as a developing clinician and the contrasting void of training available for developing competence as a supervisor. Correlatively, there has been little response in professional psychology to redress this obvious gap in training to assist new supervisors by providing consistent and adequate training (Hawkins & Shohet, 1990).

Styczynski (1980) proposes eight areas of choice available as a new supervisor engages with a supervisee. These choices may be either conscious or unconscious, regarding: 1) modality of supervisor; 2) emphasis within supervision; 3) range of focus of supervision; 4) type of role to take with the supervisee; 5) style of supervision; 6) adaptation of training needs of the supervisee; 7) handling of formal evaluations; (8) accommodating one's own personal and professional limitations as a supervisor. When supervisors recognize the dimensions of these decisions, they can make integrated choices to work towards providing optimal or 'good-enough' supervision.

The development of training for supervision appears to have emerged as a second-order change from the research and growing knowledge about supervision of trainee psychologists. Although there is very little literature regarding training for supervision a new publication may add useful guidelines (Bernard & Goodyear, 1992). Ellis (1991) suggests that clinical supervision is "emerging as a separate field of inquiry that consists of processes, skills and theory, which is distinct from counseling, teaching and consulting". Ellis (1991) states that the void in the literature creates significant practical and theoretical problems since the critical issues have not yet been clearly identified, and thus applied efficaciously to the training of supervisors.

Ellis (1991) tested two models of supervisory issues (Loganbill, Hardy & Delworth, 1982; Sansworth, 1982) by using the Critical Incidents Questionnaire (CIQ) developed by Heppner and Roehlke (1984). There are ten supervisory issues included in the questionnaire: relationship, competence, emotional

awareness, purpose and direction, autonomy, personal, individual differences, professional ethics, motivation and identity. Ellis' (1991) results matched Sansbury's (1982) hierarchical framework and suggest that Sansbury's framework is appropriate for supervision. Ellis (1991) noted that his naturalistic data was drawn from one location, and that replication is necessary so that the 'essential variables and components of effective supervisor training' may be verified, and further research stimulated.

Watkins, (1990) proposed a four-stage model of psychotherapy supervisor development, having noted that the supervision literature has yet to emerge with a focus on supervisor growth and development, that will be beneficial for the clarification of theoretical/conceptual research and practice. Watkins' (1990) proposed stages are role shock, role recovery and transition, role consolidation and role mastery. He identifies tasks, crises and stage-specific characteristics inherent in each of the stages, and suggests that his model may have heuristic value in stimulating further research towards the development and training of supervisors.

b) STUDENTS

Students/supervisees need training and encouragement to be pro-active, and responsible for their own needs being met in supervision, in relation to their developmental needs towards becoming an effective professional. Balance is needed to allow for some recognition of personal anxiety and the need for support (Hawkins & Shohet, 1990). Given that a student commencing a placement is being exposed to an individual supervisor, the supervisory relationship is a change from the normal academic experience, when the student is part of a group with a teacher. Tobias (1989) concluded that the conditions of structure and specification of the task are most appropriate for the anxious student.

Whilst on placement, one of the tasks of the student is to learn how to use supervision well, and this is likely to involve a new set of learning skills in

thinking and problem solving (Bransford, Sherwood, Uye & Rieser, 1986). The educational process, including Higher Education, is now more reliably understood than it was even two decades ago, according to Radford (1991) and a focus on the educational process is a change from earlier attempts to apply psychological learning theory. Radford (1991) pointed out the need to recognize the importance of individual differences in student learning.

The supervisory process and relationships are recognized as being akin to the client/therapist process and relationship, although there are distinctive differences. The student who is beginning a first placement is faced with needing to learn a new way of working with a 'teacher' (Raaheim, 1991). As noted earlier, the student needs to take responsibility for having their educational needs met.

2.2 Stages of Student Development

During the last five years there has been a growth in the literature focusing on supervision in psychology training. The main approach in relation to training is the developmental model and one of the seminal writers was Hogan (1964) whose original writings have become the basis for further expansion and refinement of the model. Because of the suggested definable stages of student development, the model proposes that supervisors should have available a range of styles to assist in the professional development and training of students. The most comprehensive recent writings about the developmental aspect of the training process are found in Worthington, (1987) and Stoltenberg and Delworth (1987).

The following will briefly sketch the salient factors of the four major stages of supervisee/student clinical development as summarised and presented by Stoltenberg and Delworth (1987). These four major stages are described as: 1) dependence on supervisor; 2) dependence vs autonomy; 3) motivation and autonomy; 4) practitioner.

Stage 1. Dependence on Supervisor

The outstanding characteristic of this stage is the dependence of the student on the supervisor. Students are likely to be anxious, uncertain about their role and behaviours, and lacking confidence in practising their clinical skills. In addition, students tend to be apprehensive about evaluation. Supervisors of students at this level need to provide a clearly structured environment. Positive feedback and encouragement are needed, in tandem with the supervisor's responsibility to ensure client safety.

Two of the common factors in the developmental theories of the stages of supervision are support and constructive feedback and the necessary balance required between these two factors. Since early learners have a tendency to exaggerate feedback as negative, the manner of presentation of feedback in clinical supervision is critical (Freeman, 1985).

Stage 2. Dependence vs Autonomy

The identifiable factors of this stage of development are characterised by the student fluctuating between dependence and autonomy, where the student's emotional oscillations move between excitement and feelings of being overwhelmed and unable to cope. The stability of the supervisor is an important facet of this stage of development.

Stage 3. Motivation and Autonomy

The student who moves through the transitional third stage becomes increasingly confident in her/his abilities as a professional and manifests self- and other-awareness, motivation and autonomy. The earlier level of high autonomy experienced in stage two has diminished and the student's motivation becomes established with greater insight into the process of the blend of using the self, together with therapeutic interventions and techniques. A collegial relationship emerges between supervisee and supervisor with increased sharing of knowledge, as well as an increase in personal and

professional confrontation.

Stage 4. Practitioner

The successful student has now become a competent practitioner, demonstrating autonomy, and allowing knowledge and experience to deepen into wisdom. The concept of 'master' or 'expert' can be applied to practitioners at this level. Future supervisors should be drawn from this level, and their process of development is enriched by the consolidation and deepening of learning.

Worthington, (1979, 1984, 1987) has completed several studies investigating changes in supervision as students gain experience. In his 1984 study, Worthington gathered data from throughout the United States, since previous research had been geographically localized. Worthington found his results to be relatively congruent with previous research and theory on the developmental stages of students and models of supervision. He also found that supervisors tended to change their behaviour in relation to the needs of their supervisees as the supervisees gained experience.

Holloway (1987) appears to be a lone voice questioning the concept of the developmental models and stages of student development as a consequence of the influence of supervision. She raises the possibilities of there being alternative explanations for changes in the growing identity of the professional in training, and proposes that the explanations offered by the developmental models are inadequate from the standpoint of developmental psychology. If more consideration were given to learning theory or other models and theories, then Holloway (1987) suggests that we may locate other explanations for the acquisition of the cognitive and affective skills that are the hallmark of the clinician. Holloway (1987) concludes with a challenge to the developmentalists to substantiate the notion that a structural, qualitative and predictable change occurs as a result of training, as distinct from other variables. She suggests that

the consistent factor found in all models of supervision is the supervisory relationship.

2.3 The Supervisory Relationship

The supervisory relationship has frequently been referred to as a *working alliance* (Ellis & Dell, 1986; Heppner & Roehlke, 1984; Holloway, 1987; Proctor, 1988; Stoltenberg, 1981; Worthington, 1984). The foundation consistently provided by the supervisory relationship underpins the context of the trainee's journey from early vulnerability through to becoming an independent practitioner. Indeed, Alonso and Rutan (1988) suggest that the supervisor is responsible for the atmosphere that determines, to a large extent, whether an opportunity for learning is presented, or whether weakness and vulnerability in the student is experienced as a source of shame. The results from Mokowitz and Rupert's (1983) survey of over 150 clinical psychology graduate students indicated that close to 40 per cent of the students experienced a major conflict in the supervisory relationship. Conflicts over the student's personality style were the most difficult to resolve, and conflicts over supervisory style were the least difficult to resolve.

The Supervisory Working Alliance Inventory, a measure of the relationship in counsellor supervision was developed in response to the increase in attention and growing awareness of the potential influence of the supervisory relationship in training (Efstation, Patton & Kardash, 1990). Efstation et al.'s (1990) results identified three supervisor factors, (Client Focus, Rapport and Identification) and two trainee factors (Rapport and Client Focus) as important, and they discuss their results in relation to three implications for training psychologists. Firstly, the supervisor's theoretical orientation may lead to the supervisor stressing different dimensions of the working alliance according to her/his preferred theoretical model. Secondly, there may be different weightings allocated to the relative importance of different dimensions of the working alliance to both the participants, and the third consideration is

the consideration of any change in the sequence or weighting of the preferred dimensions as clinicians develop.

The student's first approach to supervision is likely to be hesitant and uncertain, since a sense of professional identity is still embryonic. It is often found to be the case that health professionals tend to begin their careers in a denial of their own neediness and helplessness, thus stifling growth (Alonso & Rutan, 1988). Watkins (1990) suggests that students may feel overwhelmed, and thus approach the supervisor in a state of "relative dependency and vulnerability". If one considers a developmental process is occurring over time, the original anxious state of the student has implications for both the student and the supervisor in relation to the changes in the relationship between them. Friedlander, Keller, Peca-Baker and Olk, (1986) note the stress of role conflict for the students/trainees when they function in two behaviourally distinct roles: subordinate in the supervisory relationship, and superordinate in the role of clinician. This substantial shift in power and responsibility creates significant demands on the student.

In the literature about supervision there are many references to Winnicott's (1975) description of a "holding environment" being necessary to establish a safe, stable and predictable supervisory situation. In this way the supervisor creates an opportunity for learning that allows for the student to be curious and tentative in attempting new skills.

Greben, (1991) suggests that there are both positive and negative aspects to the relationship between supervisor and student. One implication for the supervisor is that he/she is likely to be vested with an idealised image and be attributed a generalised omnipotence by the inexperienced student. The student is thus likely to identify quite strongly with the supervisor in style and theoretical orientation until the student develops the ability to scrutinize the supervisor more objectively, or the student is exposed to an alternative supervisor.

The pleasures available for a supervisor, highlighted by Greben (1991),

include: holding a position of esteem and privilege, having the satisfaction of sharing ideas, watching the student grow in confidence and clinical ability, and having the opportunity to influence the professional development of students.

2.4 Contracting

The idea of contracting and negotiating how supervision will function is the responsibility of both supervisor and student (Hawkins & Shohet, 1990; Hunt 1986; Proctor, 1988). Hunt, (1986) suggests that the satisfaction and effectiveness of supervision are likely to be increased if an explicit contract is negotiated about: methods to be used in supervision, indications of their purpose, a statement of supervisory style and the goals of supervision, a statement about the kind of relationship that is expected to be achieved, and clarity about the responsibilities of each partner in the supervisory relationship.

Similarly, Proctor (1988) suggests that if a co-operative relationship is to be developed, then in order to maintain real rather than token accountability, a precise and even tough working agreement needs to be negotiated. "The agreement needs to provide sufficient safety and clarity for the student to know where s/he stands: and it needs sufficient teeth for the supervisor to feel free and responsible for making the challenges of assessments which belong with whatever role - managerial, consultative or training - the context requires".

The importance of responsibilities being clarified between supervisor and student is also emphasized by Hawkins and Shohet (1990) who delineate responsibilities as follows:

Supervisor Responsibilities

- * To ensure a safe enough space for students to lay out practice issues in her/his own way.
- * To help students explore and clarify thinking, feeling and fantasies which underlie their practice.
- * To share experience, information and skill appropriately.
- * To challenge practice which she/he adjudges unethical, unwise or

incompetent.

- * To challenge personal or professional blindspots which she/he may perceive in individuals or the group.
- * to be aware of the organisational contracts which she/he and the students have with university, employers, clients and any supervision group.

Student Responsibilities

- * To her/himself.
- * To identify practice issues with which she/he needs help and to ask for time to deal with these.
- * To become increasingly able to share these issues freely.
- * To identify what kind of responses she/he wants.
- * To become more aware of the organizational contracts she/he has in the workplace, in the university, with clients, and with fellow students.
- * To be open to others' feedback.
- * To monitor tendencies to justify, explain, or defend.
- * To develop the ability to discriminate what feedback is useful.

The issue of the clarification of goal setting or the specification of performance criteria as part of the supervisory contract is seen as the responsibility of the supervisor who should clearly define behavioural practice skills together with an expected level of student proficiency (Freeman, 1985). For example: setting a tentative purpose for the interview, setting a mutual purpose with the client, or completing a psychological test with the client in the time allocated for the task. The supervisor is then in a position to provide systematic feedback. Depending on the supervisor's educational rationale (or contract with the teaching institution), she/he can select either a particular type of case for the student, or a sequence of timing of specific skills.

2.5 Monitoring

Monitoring as a factor of supervision, has significance for both supervisor and student, and is an ethical necessity as well as a primary component of training (Freeman, 1985; Hawkins & Shohet, 1990). It is the responsibility of the supervisor to monitor the student's interventions so as to protect the client and facilitate the client's progress with minimal risk. The supervisor's style and selection of monitoring method will inevitably influence the amount of anxiety experienced by the student.

Options for monitoring in supervision include live supervision (same room or one-way screen), video-tape, audio-tape and verbal reports on an individual basis or sometimes in groups. The most common form of monitoring used for supervision is individual verbal reports, followed by the frequent use of audio-tapes. Live supervision, particularly in training for family and marriage therapy, is being utilized increasingly (Stoltenberg & Delworth, 1987; Hawkins & Shohet, 1990). However, as a practice teaching method, live supervision is likely to create high anxiety in students where they fear performing badly, and consequently tend to be inhibited in their early practical work with clients (Evans, 1987). Stoltenberg and Delworth (1987) suggest that the combination of evaluation apprehension and objective self-awareness (focusing on oneself) is likely to elicit anxiety and negative self-evaluations. Supervisors who use live supervision therefore need training and support in this method (Evans, 1987).

A useful process for live supervision involving four discrete stages has been suggested by Kingston and Smith (1983). The stages are:

1. The pre-interview discussion between supervisor and student.
2. The interview between supervisor, student and client(s).
3. The time out discussion between supervisor and student.
4. The post-interview discussion between supervisor and student.

2.6 Transfer of Learning from Theory to Practice

The literature on this topic stems from the recognition that focused training methods offer a great potential for providing feedback that is direct and specific (Shiffman, 1987). Unless there are clearly stated objectives, and the student comprehends the implications of her/his interventions, the student is likely to have difficulty gaining a sense of confidence, and professional development will be undermined.

Newman, Kopta, McGovern, Howard and McNeilly's (1988) research on the evaluation of trainees during their internship, relative to their supervisors, offers some clarity. They conclude that the description of the supervisor's conceptualization of clinical material and therapeutic strategies is a primary training issue, and needs to be described empirically. Conceptualization skills are those that organize and synthesize information about a client, leading to the identification of central issues and the selection of appropriate management or treatment goals (Ellis & Dell, 1986). When the supervisor is able to offer clearly understood conceptualizations, the student is provided with the opportunity to contrast her/his conceptualization with the supervisor's conceptualization. Newman et al. (1988) note that there should be identifiable and specific similarities and differences observed among the conceptualizations stated by other supervisors in the programme, as well as by the programme trainers.

The conclusions about research on training reached by Newman et al. (1988) include the necessity for statements of objectives providing specific parameters on what evaluation seeks to test. Three categories of objectives are offered: 1) baseline levels of judgements patterns; 2) between-patient effects; (3) training effects over time. In relation to the third suggested objective, they suggest that it might be appropriate to anticipate an increase in levels of agreement between supervisor and student in goal-setting and treatment-planning strategies over the course of the training programme.

2.7 Feedback

The relationship between supervisor and student depends critically on the process of feedback employed (Freeman, 1985). Both receiving and giving feedback are fraught with difficulties. Self esteem has often been bruised by critical, destructive criticism, and old memories become restimulated when receiving feedback so that the difference between constructive feedback and criticism tends not to be consciously noticed. In contrast, praise, compliments, or positive feedback are often misconstrued in one's attempt not to appear 'big-headed' and sometimes there is a reluctance to give positive feedback. Thus, there is a fine line to be trod when providing feedback in a way that it will be most usefully received.

Receiving feedback can be a pro-active activity, where the student is entirely responsible for the way feedback is used. Hawkins and Shohet (1990) encourage students to ask for feedback they would like to hear, and to ask for useful feedback to be provided. They also suggest that a student listen carefully to feedback in order not to react defensively, which often happens due to the student misinterpreting or misunderstanding the supervisor.

Hawkins and Shohet (1990) offer a mnemonic for giving good feedback in supervision: CORBS (Clear, Owned, Regular, Balanced and Specific).

Clear The supervisor aims to be precise about the feedback she/he wants to give, and avoids being vague.

Owned The supervisor accepts the feedback as her/his own perception, and uses the personal pronoun.

Regular Regular feedback as close as possible to the event is the most useful, so that the student has an opportunity to make changes.

Balance A balance between positive feedback and feedback about ineffective interventions is important for student development. However, in the early student placements it is preferable that the balance be weighted towards positive feedback until some confidence and trust are developed by the student.

Specific Examples need to be provided related to specific issues or matters rather

than generalized. Generalized feedback is likely to provoke confusion, resistance and is simply difficult to learn from. The learning process requires students to improve their ability to use specific examples in order to generalize for future skill applications and interventions.

In her comprehensive article about feedback in clinical supervision, Edith Freeman (1985) suggests that: "the ultimate test for determining the effectiveness of feedback may be whether it changes the knowledge, attitudes or behaviour of the individual in the desired direction or to the extent desired". According to Freeman (1985) the following are the conditions necessary for the effective delivery of feedback:

- a) Systematic (objective, accurate, consistent and reliable)
- b) Timely (as close to the event as possible)
- c) Clearly understood (i.e. based on explicit and specific performance criteria)
- d) Reciprocal (interactive feedback with suggestions from both parties in a context where a number of potentially useful alternatives can be presented)

Finally, Freeman (1985) offers a structured plan for providing optimal feedback to clinical students, based on expected outcomes in knowledge and skill development. The plan involves four steps which can occur out of sequence, or overlapping. These are:

- a) Clear specification of performance criteria.
- b) Reliable observation of the student's practice.
- c) Provision of effective feedback.
- d) Monitoring the student's use of feedback.

From a developmental perspective, the needs of students with regard to feedback vary in relation to the amount of experience of the student. Heppner and Roehlke (1984) examined differences in supervision across levels of training counsellors with regard to the implications for a developmental model of supervision. They examined three trainee levels (beginning practicum, advanced practicum and doctoral interns) and found differences across trainee levels in:

- a) Variables related to the interpersonal influence process.
- b) The effectiveness of different types of supervisor behaviours.
- c) The reporting of different types of critical incidents within the supervisory process.

In summary, giving effective feedback can be seen to be one of the most significant sets of learned skills and processes employed by the supervisor. Several options are available to supervisors for optimal facilitation of students' development of skills, techniques and professional identity. Additionally, students need to take a pro-active stance in the supervisory relationship in order to responsibly and usefully receive feedback.

2.8 Conflict of Roles for Supervisors

As noted earlier, there are three main roles for supervisors: supporter, educator and manager. In addition, there are sub-roles of evaluator, colleague, boss and expert clinician/technician (Hawkins & Shohet, 1990). The conflict of roles emerges when supervisors have difficulty in adjusting to the transition required to appropriately take authority and accept the power inherent in the position of supervisor. Hawkins and Shohet (1990) comment on the upset in the balance that has been established in a supervisor's personal life between dominance and submission, when the responsibilities of becoming a supervisor are first experienced.

The transition from practitioner to supervisor is recognized as being deceptive since the skills utilised are very similar. However, the differences must be clarified in relation to content, focus and boundaries. As mentioned previously, recent professional developments suggest that new supervisors receive training and have actively arranged good supervision for themselves (Hawkins & Shohet, 1990).

2.9 Parallel Process

Parallel process as a concept may be linked back to an earlier section of this literature review, the relationship between supervisor and student. As a concept parallel process has been constructed to describe a process in the supervisory relationship in which it is possible to experience traces of the relationship between the student/supervisee and the client. Parallel process was originally developed as a concept from the psychoanalytic construct of transference and has been labelled by Searles (1955) as the *reflection* process (Searles, 1955, quoted in McNeill & Worthen, 1989). Searles (1955) recognized that therapist countertransference to the patient was being mirrored in the relationship with the supervisor.

McNeill and Worthen (1989) quoted Doehrman (1976) who conducted a landmark empirical study of supervisor/supervisees. Doehrman (1976) concluded that the intense relationships emerging between therapists and their supervisors (who were working from a psycholanalytic perspective) had effects on the treatment process and the work of therapists with their patients.

Parallel process is a dynamic and potent type of intervention in supervision (Loganbill et al., 1982; Stoltenberg & Delworth, 1987). Indeed, Stoltenberg and Delworth (1987) consider that the recognition and acknowledgement of parallel process in the supervisory session is a catalytic intervention.

Parallel process is particularly salient for those supervisees at the third level of the developmental model of the supervisee, when they may be in the transition from internship to a professional position or appointment (Stoltenberg & Delworth, 1987). A regression in autonomy may be anticipated at this stage, and the supervisees lack of awareness of their tentative new status may be highlighted when parallel process enters into the supervisory relationship.

The discussion and case studies of examples of parallel process presented by McNeill and Worthen (1989) demonstrate how the acknowledgement of parallel process may be an impactful and facilitative intervention in the supervision and

training of psychologists. McNeill and Worthen (1989) recommend further systematic investigations into parallel process. Although traditional empirical methodology may offer a useful approach, McNeill and Worthen (1989) offer a view that a variety of methodological approaches, including case studies and phenomenological approaches, might also be employed to offer facilitative information from the perspective of both the supervisor and the student/supervisee.

Alpher (1991) suggests that new research on parallel process could provide information so that trainers and educators can develop more effective ways of incorporating findings from many sources. Greater understanding and recognition of parallel process would facilitate and augment an understanding of the implications of the supervisor/supervisee relationship in terms of an interpersonal network among all those involved in the endeavours of training and practice. Alpher (1991) noted that recent case studies have documented useful findings that are also of heuristic and inductive value. As a consequence of the need for further research on supervision, Alpher (1991) proposed that supervisors will be invited to open up the supervisory process to empirical study.

2.10 Gender or Cultural Issues

Given the recognition of the importance of the relationship between supervisor and student, the influence and characteristics of gender differences need to be addressed. Wheeler, Myers Avis, Miller and Chaney (1986) suggest the major feminist values and behaviours that are inherent in the supervisor/student relationship are the minimization of hierarchy and the use of social analysis.

As recently as 1987, Munson asserted that gender issues in clinical supervision had never been studied empirically, nor was there any appreciable amount of theoretical writing addressing gender issues. Munson (1987) suggested that professional psychology lags behind other disciplines; a regrettable

state of affairs, given the increasing number of women graduating in clinical psychology. Examination of male/ female practitioner relationships and supervision practice were proposed, and subsequent research has highlighted much that needs to be attended to and improved in professional psychology relationships (Pope, 1991). A recent survey by Cohen and Gutek (1991) found that the overall experience of professional psychologists differed for women and men. This finding echoed the differences as argued by Bernard, (1981).

Parenthetically, it is relevant to note that the scientist-practitioner model (Boulder) for clinical psychology was developed as a post-war male-dominated science and profession. As a science the preferred model was the experimental method, used for prediction and control, and clinical training was in the mastery of specific skills such as the administration of psychological tests (Dana, 1987). The Vail model began to emerge at the same time as there were growing numbers of women and minority groups entering psychology training. Community goals were presented as legitimate, rather than just scientific goals.

In relation to gender issues, McGowen and Hart (1990) considered individual differences in graduate training, cultural perspectives and ideology. In their discussion of the professional socialization process, they reviewed three theoretical gender issues, namely: relational focus, distance vs. intimacy in relationships, and contextual decision making. Relational focus was described by Miller (1986) and Westcott (1986) as the tendency of women to typically think of themselves as *givers* in contrast to men's self-definition as *doers*. Transferring this concept to the training of women psychologists leads to a consideration of the implications for the supervisory relationship in male/female dyads and the consequences for female students.

Gender identity (Gilligan, 1982) in relation to professional training, refers to the influences on the way women are likely to base their identity and values on attachment and connectedness to others in contrast to much of male identity being based on separation. In relation to professional psychology training, women clinicians have been found to indicate a preference for relational

thinking, whereas men clinicians show a preference for instrumental thinking (Johnson & Stone, 1989).

The distance vs. intimacy continuum in relation to the development of professional identity has implications in the supervisory relationship where women are less likely to express anger than men. Miller (1986) proposed that the suppression of anger by women is costly to women, but suggested that this is done in attempt to maintain relationships. Finally, Gilligan (1982) found that decisions made by women are more likely than those made by men to take into consideration the effect of those decisions on others. The outcome of these divergent contexts for decision making is that women may often appear to make decisions that are not in their individual best interests as professionals.

McGowen and Hart (1990) point out the dilemmas for women in becoming aware of, and addressing, what are essentially covert issues. They note that professional education tends to be based on an adversarial model of teaching which utilizes and incorporates the male standard of achievement by competition. The competition for a limited number of places on training programmes reinforces this model. Also noted is the fact that the transition to the workplace is likely to be more supportive of the needs of men rather than those of women. Recommendations for changes in professional training made by McGowen and Hart (1990) are: to include seminars on professional identity formation, to reflect on the gender specific strengths and values of women, and to offer co-operative styles of teaching and training.

A recent study by Holloway, Freund, Gardner, Nelson and Walker (1989) was designed to enlarge the information base about trainees and supervisors, with a particular focus on gender differences. Women trainees were shown to be significantly less likely than male trainees to assume an expert role in response to supervisor low-power messages. The subsequent recommendations and conclusions offered by Holloway et al. (1989) were that supervisors need to attend to developing strategies with more conscious communication for encouraging the development of the professional identity of the women trainees

they supervise.

2.11 Ethical and Legal Issues

Eberlein (1987) proposes that ethics include moral, legal and ethical elements, and that there are both short and long term implications of any action taken. In addition to consultation with a supervisor, colleagues should also be involved in order to provide a balanced consideration of several alternatives and the subsequent consequences or outcomes.

The recent revision of ethical principles of psychologists (APA, 1990) contains the following excerpts:

Principle 1e. As teachers, psychologists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship in presenting psychological information objectively, fully and accurately.

Principle 2.1, Competence. Psychologists only provide services for which they are qualified by training and experience.

Principle 7c, Professional Relationships. Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of the individuals. They provide appropriate working conditions, timely evaluations, constructive consultation and experience opportunities.

This topic of ethics and legal issues may be divided into three separate sections:

1. The ethics of teaching psychologists and supervisors.
2. The teaching of ethics to psychologists.
3. Ethics and legal issues in practice.

1. The Ethics of Teaching Psychologists and Supervisors.

In relation to the ethics of teaching psychologists and supervisors, Harrar, VandeCreek and Knapp (1990) have noted the following ethical issues for

supervisors: supervisor qualifications, duties and responsibilities of supervisors, dual relationships, client consent, liability, either directly or vicariously, confidentiality and the duty to protect, and finally, the standard of care. Harrar et al. (1990) conclude by encouraging training facilities to formalise the teaching of ethics and legal issues.

In New Zealand, the Mental Health Amendment Bill that is presently before the House, states that liability rests with the supervisor. As in overseas examples, this has created a growing reluctance or caution to provide supervision. Harrar et al. (1990) suggest that supervisors should raise their awareness of all ethical and legal implications and that if they act responsibly, the welfare of themselves, their supervisees and the clients should be protected. This does, however, require conscientious attention to ethical and legal matters. As an example, if placement agencies or institutions have policies for consultation with the supervisor when a client presents as dangerous, the supervisor's tasks are clarified.

The problems of dual relationships arise, since supervisors hold an advantage of power inherent in their role. APA Ethical Principles of Psychologists, 7d, (1981) "clearly prohibits dual relationships that could impair professional judgement or increase the risk of exploitation". Glaser and Thorpe (1986) in a survey of female members of APA Division 12 (Clinical Psychology) found that 17 per cent of all respondents reported sexual relationships with psychology educators whilst the women were graduate students. Whether this was an alarming disregard of the ethical principle, or an omission in the teaching programme was not clear. However, Handelsman's (1986) findings that ethics training by osmosis is not effective would be supported by Glaser and Thorpe's (1986) findings.

For the supervisor, there are ethical implications to be considered when the personal issues of a student are brought to the supervisory session. Whiston and Emerson (1989) suggest some practical guides to assist supervisors to distinguish supervision from counselling or therapy activities. These include:

being clear about the goal of supervision, being focussed on professional rather than personal development, identifying personal issues and giving the student the responsibility for resolving those issues, and the explicit informing of the student that the supervisory relationship does not involve counselling or therapy.

Three of the most consistent writers on ethics and psychology, Tabachnick, Keith-Spiegel and Pope (1991), have recently surveyed psychologists who were educators in institutions of higher education. Tabachnick et al. (1991) recognized that there was a lack of broadly based and systematically gathered data, concerning the beliefs and behaviours of psychology educators, and the degree to which the educators considered the 63 behaviours included in their study to be ethical. The survey contained the following categories: course content, evaluation of students, research and publication issues, financial and material transactions, social relationships with students, and sexual relationships with students and other faculty. The data base gathered from this survey should assist in the development of ethics in professional training of psychologists.

2. The Teaching of Ethics to Psychologists.

Hall (1987) suggests that research must address the instruction and teaching of ethics, so that questions can be asked about the quality, amount or outcome of the instruction. Haas, Malouf and Mayerson's (1986) survey asked participants to resolve ethical dilemmas, and found that training courses often focus on correct responses, but not on the implications of alternative outcomes selected. They also found that practising psychologists failed to agree on appropriate responses to important ethical decisions.

3. Ethics in Practice, Related to Training.

The issue of ethics takes an interesting turn when considering the results from Bernard and Jara's (1986) survey of clinical psychology graduate students. These disturbing results indicated that although the students understood the

ethical principles in situations involving the violation of APA (1981) Ethical Principles of Psychologists, 7d and 7g ("When psychologists know of an ethical violation of a more serious nature, they are to bring it to the attention of the appropriate local, state and/or national committee on professional ethics and conduct"), and could select the most appropriate action, over half the students were unwilling to take the proper action.

Handelsman (1986) noted that a supervisor's competence in ethics is limited to the supervisor's awareness of ethical dilemmas and assumptions. It is not appropriate to assume ample and competent supervision, and there can be no guarantee of a student being exposed to a broad range of ethical issues while on placement.

2.12 Supervision of Supervision

Although there is a limited amount of literature about supervision of supervision, the growth in research on clinical supervision in the U.S.A. has parallel developments in Britain. There are two recent publications, "Supervision in the Helping Professions" (Hawkins & Shohet, 1990), and "The Anatomy of Supervision" (Gardiner, 1989). Hawkins and Shohet (1990) include a chapter on supervisor training and development based on their previous involvement in developing and running training courses for supervisors.

Being a good supervisor necessitates asking oneself whether one is getting adequate supervision. This takes two forms, one to do with one's own (client) work, and the other to do with being a supervisor. Ensuring that supervisors have supervision of their work with students is a reflection of a healthy organizational culture, (Hawkins & Shohet, 1990). Proctor (1988) proposes an assumption that supervisors can be relied on:

- * *To want to monitor their own practice.*
- * *To learn to develop competence.*
- * *To respond to support and encouragement.*

Hawkins and Shohet (1990) suggest that the issue at stake here is about

participating in a learning environment where a supervisor is committed to his/her own development and to providing better supervision.

Hawkins and Shohet (1990) propose that not receiving supervision suggests either an ambivalence about the process, or an omnipotent belief that one is above such matters. Receiving supervision on an ad hoc basis only when difficulties arise suggests a covert pathology on the part of the supervisor, that there must be something wrong with them if they need to ask for help. Hawkins and Shohet (1990) quote Barbara Dearnley (1985) as saying:

I have come to learn that looking in detail at supervisory practice is widely experienced as a very exposing affair, much more so than discussing one's own difficult cases. It is as if the public confirmation that one is sufficiently experienced to supervise leads to persecutory personal expectations that supervisors should say and do no wrong. Dearnley (1985)

Hawkins (1986, as quoted in Hawkins and Shohet, 1990) expresses the opinion that supervisors are best able to facilitate others to learn if they are supported in constantly learning and developing themselves. Accordingly, supervisors who seek on-going supervision or consultancy, indicate that they recognize the value of supervision, rather than deeming it appropriate only for early training, or for those who are inexperienced, anxious or needy.

This widely ranging exploration of the literature focusing on the various factors of supervision and students in training for professional psychology indicates the breadth of the topic as well as providing an overview of the current research.

CHAPTER THREE

METHODOLOGY

3.1 Selection of Methodology

Psychological research typically follows the scientific tradition consisting of problem definition, hypothesis generation from theory, development of measures and establishment of reliability, design of an experiment, location of a sample and procedures being carried out to test the hypothesis. Research of the above type tends to have a central concern with hypothesis testing, and therefore is confirmatory in nature. The scientific approach, however, tends to create inherent difficulties when examining quantitative issues such as clinical supervision and psychotherapy research (Greenberg, 1986; Mahrer, 1988).

By contrast, the present study consists of exploratory research, and is intended to gather information about a learning culture (Hawkins & Shohet, 1990) that may provide a basis for subsequent explanatory theory. In this way the present research is generative: it is not concerned with testing. Accordingly, I have approached the research with an attempt to integrate information gained from both qualitative and quantitative measures. New clinical research methodology suggests that innovative and alternative designs are appropriate when traditional methods are not adequate (Marmar, 1990). In addition to describing why traditional methods are not adequate, Marmar (1990) suggests that it is appropriate to describe new methods that offer necessary and sufficient conditions to address the question raised. Bevan (1991) proposes that the "integrity of our scholarship must depend upon it being set in the real world of everyday experience; yet our present science-making strategies persist precisely in separating it from that domain".

The decision to focus on supervision and student placements for clinical psychology in the present study was prompted from two areas. The first source was the technical literature, in which there were indications of a growing

number of overseas studies, which led the researcher to the recognition that the area of research into education for professional psychologists was sparse in New Zealand, compared to the international literature. In particular there was virtually no published research about supervision, being one particular aspect of professional psychologists' training. In one of the few articles, Manthei (1980) asks two significant questions about supervision. The first question considers the definition and purpose of supervision and the second asks who should supervise. There is little evidence of the challenge offered by these questions being followed up by professional psychologists in New Zealand.

The second source was related to the researcher's personal and professional experience both as a student and as a supervisor, and the judgement that a contribution might be made to the professional practice of psychology by asking questions about the practice of supervision as part of professional training and linking the results obtained to suggestions for further development of supervision.

According to Erickson and Nosanchuk (1982), doing exploratory research and using techniques other than for the traditional testing of hypotheses, can frequently achieve the location of patterns or the exceptions to patterns of information or data. Once patterns have been identified, the researcher may then use background knowledge of the subject matter, personal curiosity, and orderliness to find or generate hypotheses that explain the data patterns.

In relation to this second source of the research question, exploratory research frequently includes the concept of theoretical sensitivity (Glaser, 1978). Theoretical sensitivity refers to the acknowledgement of a personal quality of the researcher, or what may also be referred to as researcher bias. However, theoretical sensitivity recognizes that the ability to give meaning to data, and the attribute of locating pertinent data can be aided in conceptual terms by a researcher who has some professional experience. The implicit knowledge of the researcher provides a potentially rich source of insight to draw upon whilst conducting the research. This knowledge and insight would not be available to

a researcher without prior professional experience, and thus would impede the understanding of the data gathered in the research.

A decision was made to utilise the methodology of the analysis of qualitative data for the part of this research related to the Supervision Personal Response Questionnaire. In a series of books, Glaser and Strauss (Glaser & Strauss, 1967; Glaser, 1978; Strauss, 1987) have developed a systematic "Grounded Theory" methodology as a means of conducting the qualitative analysis and interpretation of data. The Grounded Theory approach to qualitative analysis is a method which uses a systematic set of procedures which will assist in the development of an inductively derived grounded theory about a phenomenon. The grounded theory method, then, builds a theory clearly related to, and providing enlightenment about, the topic under study. Grounded Theory can be described as:

a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling and certain methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm, to ensure conceptual development and density." (Strauss, 1987, p5)

The investigator selects a purpose for the analysis ranging from an initial level of description through to the development of a generalized theory. When addressing scientific problems, qualitative research tends to require a conscientious choice of techniques that are 'scientifically rigorous' in treating data analytically. In this study, the analysis of text is the selected technique, chosen to facilitate the clarification of comparisons between similarities and differences in the perceptions of behaviours of the subjects, and between what emerges from the data in comparison with other research findings.

Grounded Theory makes several assumptions, one of which is closely allied to empirical or experimental scientific research. This assumption is that qualitative analysis must be grounded in data, otherwise theory would simply

be speculative and ineffectual, of little use and no validity.

Experiential data is accepted in Grounded Theory, and there is acknowledgement that researchers not only have skills, but also technical knowledge derived from research, literature reading and personal experience. The researcher must still be bound by the controls of data collection, coding and what Strauss (1987) describes as *memoing*, that is keeping track of theoretical ideas, then systematically sorting the ideas and focusing on the important ones when writing up.

In Grounded Theory, "a variety of questions are asked, some probably truly generative in terms of the future of the study" (Strauss, 1987). Because this study is of an exploratory nature, it was decided to include a wider rather than a more specific range of statements in the Supervision Personal Response Questionnaire in order to generate responses. The purpose was to facilitate the development of a broad data base, in order to provide a foundation for the generation of future research.

Strauss (1987) states that social phenomena are complex phenomena, yet they are able to be ordered, and over time concepts can be developed and linked to acknowledge the variation of the central phenomena being studied in a specific research project. He recognizes that "neat codification" is not always possible and never easy to achieve, but that grounded theory offers a process and techniques for analyzing data, so that data may be constantly refined over time.

The approach as described above may be considered contentious. Rennie, Phillips and Quartaro, (1988) usefully address four main issues of contention. These are stated as: 1) the place of theory-generation as opposed to theory-verification; 2) the credibility of the grounded approach in terms of the researcher subjectivity it entails;;3) the implications of the utilization of verbal reports as data; 4) the generalizability of findings.

In response to the four issues noted above, Rennie et al. (1988) argue firstly that: the creative inferencing processes applied in Grounded Theory provide

an opportunity to colligate or link facts and thus contribute to the formation of theory rather than the proof of propositions. Thus, as Carroll and Johnson (1990) state, the Grounded Theory approach is an antithesis to the common tendency in scientific research to look for confirmatory evidence and disregard seemingly inconsistent information. Secondly, credibility is gained through the persuasiveness of the research findings, through candour about, and openness by the investigator to, possible subjective reactions of the investigator that have been recognized. Thirdly, when verbal reports are scrutinised, and a model of information theory (Ericsson & Simon, 1980) applied, there is an indication that verbal data can yield valid information about intentionality, particularly when using the constant comparative method that provides a demonstration that different individuals frequently repeat similar information and experiences. Finally, the fourth contention is addressed by Rennie et al. (1988), in terms of the small numbers of participants typically used by the Grounded Theory methodological approach. The application and use of Grounded Theory places the methodology between case study research and the more traditional large sample approaches to psychological research. Replication allows for generalizations of commonly experienced phenomena to be made. Consequently, there evolves an ability to develop new theories that are directly connected to the reality of individuals. Verification can be achieved by subsequent studies.

Rennie et al. (1988) recognize that the Grounded Theory approach provides a facility with which to research aspects of human experience which have been previously extremely difficult to research. These aspects, however, are deemed to be central to the subject matter of psychology and previous attempts to use traditional approaches to psychological research have been thwarted. As an example, the application of hermeneutic analysis of psychotherapy clients' accounts by Rennie et al. (1988) using Grounded Theory, provided information about the covert world of clients who were participating in therapy.

The small number of subjects in the present research are not considered to

be a critical matter, given that the research is exploratory. As mentioned above, exploratory research, in contrast to confirmatory quantitative, empirical research is not dependent on representativeness or statistical power for validation of its results and conclusions.

There is an ecological aspect involved in the type of methodological research utilised in the present study, whereby there are possible subsequent effects on the participants (Benjamin, 1984, cited in Alpher, 1988). In the present study one might wonder whether the effects of the participation in the research by completing the questionnaires are in any way responsible for any change in the supervisory relationship. There is no intention or arrangement to address the issue of such influence on the participants in the present study. The participants were invited to advise the researcher if they wanted to be provided with the results of the research and this invitation was responded to positively by a small number of subjects.

3.2 The Present Study

The discussion in the Literature Review (see 2.1 above) is related to supervision, its relationship to professional psychology training and in particular to clinical psychology training in New Zealand. Aspects of a large number of variables are identified, about which there is little national research data available. It is timely, in relation to the ethos of the 1990's, to instigate New Zealand research in response to the growing recognition of the need for accountability and quality assurance regarding the mental health service (clinical psychology) offered to the consumer. The small number (six) of university training programmes in clinical psychology in New Zealand, facilitated the gathering of data and information about those programmes with a focus on supervision and student placements in order to explore patterns and differences.

Worthington's (1984) Supervision Questionnaire-Revised (SQ-R) was the instrument selected to gather data on behaviours in supervision, since it

contained a relatively large number of variables, and it identified several significant factors of supervision including a reinforcement of the concept of the developmental stages of students/supervisees. This is a pertinent aspect of the present study, since the decision was made to survey only 'novice' students in clinical psychology training. These students were most likely to be encountering their first substantial experience of supervision as a component of their training.

The component of Worthington's (1984) study selected for the present study, was the perceived frequency of the performance of selected behaviours in supervision sessions between supervisors and clinical psychology students on placement. The SQ-R identifies what occurs in supervision across a range of supervisors, who adopt a variety of preferred theoretical orientations, in a wide range of clinical settings throughout New Zealand.

The aim of the present study, then, was to investigate the learning culture of supervision of clinical psychologists in training. Exploratory data was obtained and information gathered about behaviours in supervision in relation to professional psychology training. It is hoped that having a preliminary data base available will facilitate further research on supervision and the training of Clinical Psychologists in New Zealand.

3.3 Methods

3.3.1 Subjects

There are six universities in New Zealand offering a Diploma of Clinical Psychology, or an equivalent qualification including clinical psychology. (Massey, Diploma in Applied Psychology; Victoria University, M.A. Applied, Clinical and Community Psychology). Each year either six or eight student places for the Clinical Psychology qualification are offered, depending on the University concerned. The potential subject pool for this study was approximately 40 students plus 40 paired supervisors, and was derived from

the six universities. Fourteen student replies were received, thirteen females and one male (N=14). There were five female and one male supervisor replies (N=6). Supervisors of students from the University of Canterbury did not participate in this research.

The university programmes in clinical psychology usually cover three years. For this research the subjects were second year Diploma students and their paired placement supervisors from the students' most recent (i.e. not current) placement. The second year Diploma student group was chosen because it was assumed that in their first Diploma year the students would have received minimal experience of supervision of their clinical work, and by the third Diploma year they would no longer be beginner/novices.

Because of the significant nature of the relationship between student and supervisor, it was decided that the supervisors invited to complete the questionnaires be from the previous placement rather than the current placement. This allowed the integrity of the current student/supervisor relationships to remain intact.

3.3.2 Questionnaires

Two questionnaires were used. The first was a slightly modified version of the Supervision Questionnaire - Revised (SQ-R), (Worthington, 1984). See Appendix 1.

The modification involved changing 'counseling skills' to 'clinical skills', and 'counselor' to 'clinical psychologist'. In this research, the following items from the SQ-R were excluded; satisfaction with supervision, competence of the supervisor, and contribution of supervision to improving the supervisee's clinical ability.

The second questionnaire was a qualitative, descriptive, and open ended instrument developed for this research. It was titled the Supervision Personal Response Questionnaire (SPRQ). (See Appendix 3). Topics in the SPRQ were selected because they are common in the literature on supervision, and they

were not addressed in the SQ-R. Nine topics were addressed in the SPRQ: contracts, conflicts of roles, ethics, transfer of learning from theory to practice, training for supervision, commitment to supervision, supervision of supervision, gender or cultural issues, and parallel process.

3.3.3 Procedure

The Directors of the six Clinical Psychology programmes were written to, informing them of my proposed research, asking them if they were prepared to distribute the questionnaires to their students, and inviting them to contact me should they have any queries about the process of the research, or were not willing to have their students participate. The Directors were subsequently posted sixteen packages for distribution to their students.

Each student was to be given two packages - one to complete her/himself, and the other to be given to the supervisor from the previous placement. The package for each individual contained a letter briefly explaining the contents of the package, a consent form (see Appendix 4) to be signed and returned, together with a copy of the Supervision Questionnaire and a copy of the Personal Response Questionnaire. A stamped addressed envelope was also included to assist with the return of the consent form and the two questionnaires.

After four weeks, a follow-up letter was posted to the Programme Directors, asking them to remind the students and supervisors of the questionnaires to forward the questionnaires back to the author. All returned questionnaires were separated from their named consent form on receipt by the author, and confidentiality was maintained since there could be no identification of the respondent either by name or location.

CHAPTER FOUR

RESULTS

4.1 Analysis of Data

The results of this study are reported in two sections: the first section for the Supervision Questionnaire-Revised (SQ-R), (Worthington, 1984) and the second for the Supervision Personal Response Questionnaire (SPRQ).

Data from the large number of variables, (e.g., 46 ratings of supervision behaviours) in the SQ-R were analysed by calculating the mean of supervisors' responses and students' responses to the 46 statements. The data from the questionnaire were analyzed using Cricket Graph 1.2. The supervisors' mean scores for each of the 46 statements were calculated, as were the means of the students' scores, and the data was then transformed into column graphs for each factor (see description of Factors following this section) in order to contrast the differences between the supervisors' mean scores and the mean scores of the students. The use of statistical significance test procedures to assess mean differences in the present study was considered inappropriate due to their well documented shortcomings (Oakes, 1986).

In the original research, (Worthington, 1984) results of the statements were grouped in an effort to aid reporting. Utilising a principal components factor analysis using varimax rotation, Worthington (1984) found twelve different factors of supervision behaviours, and these categories were named by determining the items that correlated with each factor at .50 or greater. The results of the creation of these categories provided independence between categories. The statements contained in each factor are detailed below in their Factor Group and each factor is accompanied by its graph and results.

4.2 Supervision Questionnaire-Revised (SQ-R)

The purpose of this study was to explore some of the important behaviours in supervision sessions of clinical psychology students and generate some information that may be usefully applied to the development of supervision for training clinical psychologists. The SQ-R was selected as it facilitated the gathering of data from supervisors and students about their perceptions of behaviours in supervision sessions.

Completed questionnaires were received from seven supervisors (six female and one male) and fourteen students (thirteen female and one male). This represented a return rate of 22% for the supervisors and 35% for the students.

The questionnaire asked supervisors to rate their own in-session behaviours with their most recent (but not current) student supervisee, and students were asked to rate their most recent supervisor's behaviours in supervision sessions.

The Likert scale used was as follows:

1	2	3	4	5
Never	Sometimes	Often	Usually	Always

The complete SQ-R statements are contained in Appendix 1.

Raw data are contained in Appendix 2

Factor One, Independence with Direction

The six items (16, 17, 18, 27, 28, 36) contained in Factor One describe the encouragement by the supervisor of independent student action whilst supporting the student and providing specific feedback and instructions.

16. Encouraged you to experiment with different assessment and intervention techniques to discover your own unique style.
17. Suggested specific ways to help you get your clients to accept your conceptualizations of the clients' problems.
18. Used humour in supervision sessions.
27. Provided suggestions for alternate ways of conceptualizing cases.
28. Provided alternate ways of intervening with clients.
36. Supervisor shared his/her own experiences with clients with you.

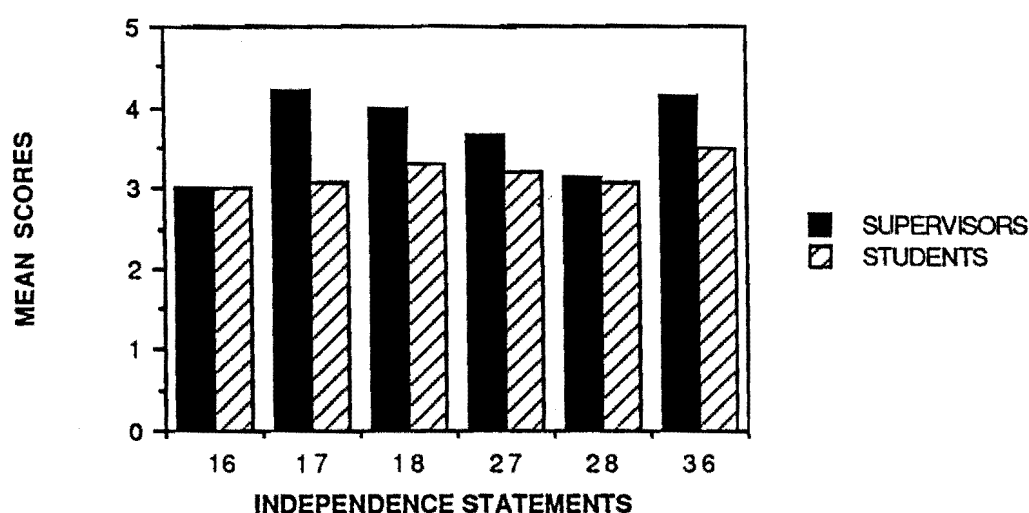


Figure 1. Column graph comparing mean scores of supervisors and students for Factor 1, Independence with Direction.

The responses to this factor indicate a cluster between often and usually, with a tendency for supervisors to respond with usually. Item 17 indicated the most significant difference between the supervisors' and students' means. The difference indicates a mean response of often from the students, and a mean of usually from the supervisors.

Factor Two, Infrequently Taught Skills

The three items (7, 12, 46) in this category are closely associated with satisfaction with supervision.

7. Provided relevant literature or references on specific treatment or assessment techniques.
12. Supervisor allowed you to observe, work with, listen to audio-tapes or view video-tapes of her/him working.
46. Helped prepare you for consultation and case disposition after intake interviews.

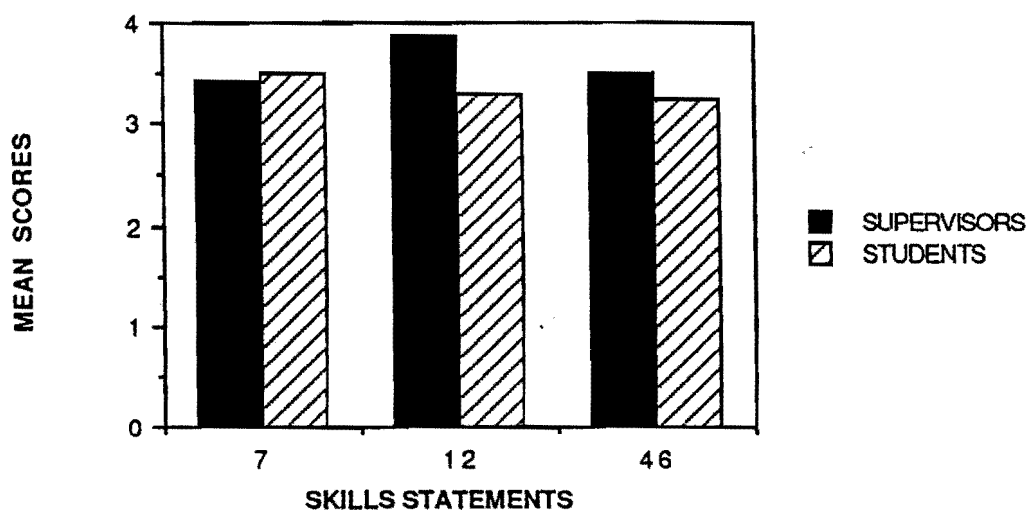


Figure 2. Column graph comparing mean scores of supervisor and students for Factor 2, Infrequently Taught Skills.

Both supervisor and student responses to this factor indicate that most subjects selected **often**, indicating a shared perception of their satisfaction with the occurrence of these behaviours.

Factor Three, Task-Oriented Supervision

These three items (39, 40, 42) are related to supervision tasks to be achieved in the specified supervision time period.

- 39. Supervisory sessions lasted at least 50 minutes.
- 40. At least 45 minutes of each supervisory session were spent discussing clinical practices and/or clients.
- 42. Focus of most supervision sessions was on content of session with client.

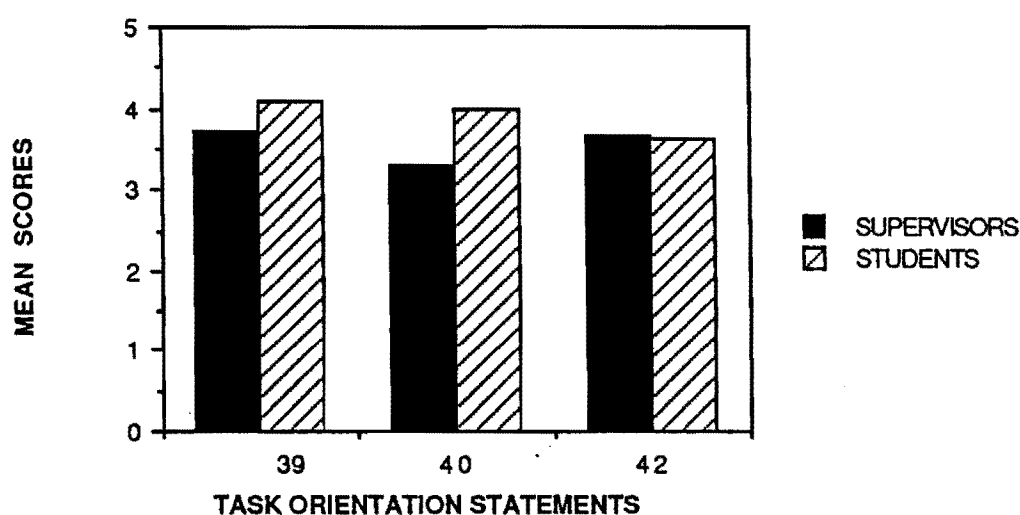


Figure 3. Column graph comparing mean scores of supervisors and students for Factor 3, Task-Oriented Supervision.

Mean responses to this factor indicate a different trend from the common responses to most items in that the students' mean scores were slightly higher than the supervisors' scores. Apart from Item 40, the responses clustered between **sometimes** and **often**. For the item about the time spent discussing clinical practices, the students' score was closer to **often** and the supervisors score closer to **sometimes**.

Factor Four, Focus on the Supervisory Relationship

There are two items (9, 32) in this group addressing the supervisory relationship.

9. Was sensitive to differences between how you talk about your actions and how you really behave with clients.
32. Used the relationship between supervisory and student to demonstrate counselling/therapy principles.

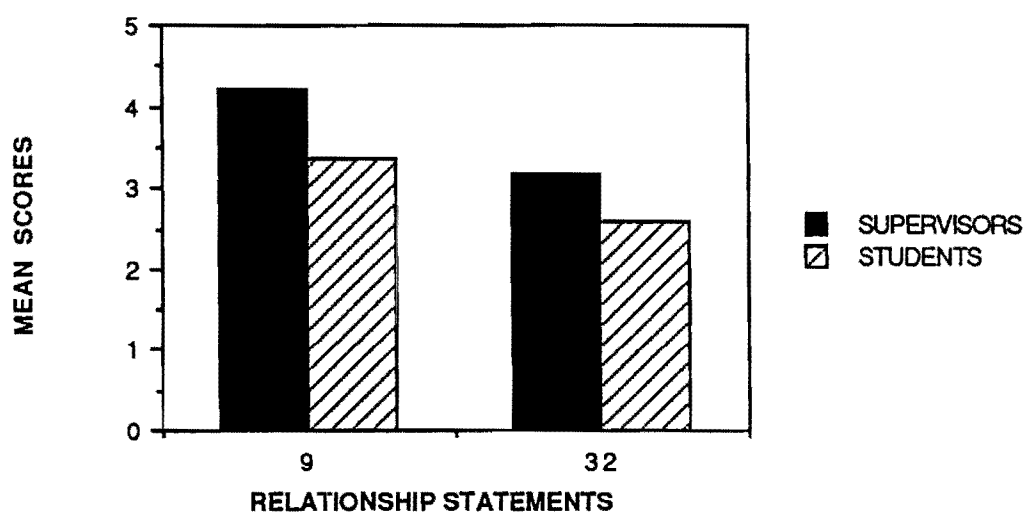


Figure 4. Column graph comparing mean scores of supervisors and students for Factor 4, Focus on the Supervisory Relationship.

Although there are similar differences between the mean scores for this factor, there was a greater difference in the mean scores between supervisors and students for Item 9 than for Item 32. For Item 9 the supervisors' scores clustered just above usually, and for the students' the mean score was close to often. Item 32 scores were located between often and sometimes.

Factor Five, Direct Monitoring of Practice

The three items (4, 5, 6) include live, video-tape and audio-tape methods of supervision to monitor student interventions, and to obtain information about skills and interventions being used by students in client work, in a manner other than verbal reports.

4. Observed you working (live) a minimum of one time.
5. Observed a video-tape of you working.
6. Listened to an audio-tape of you working.

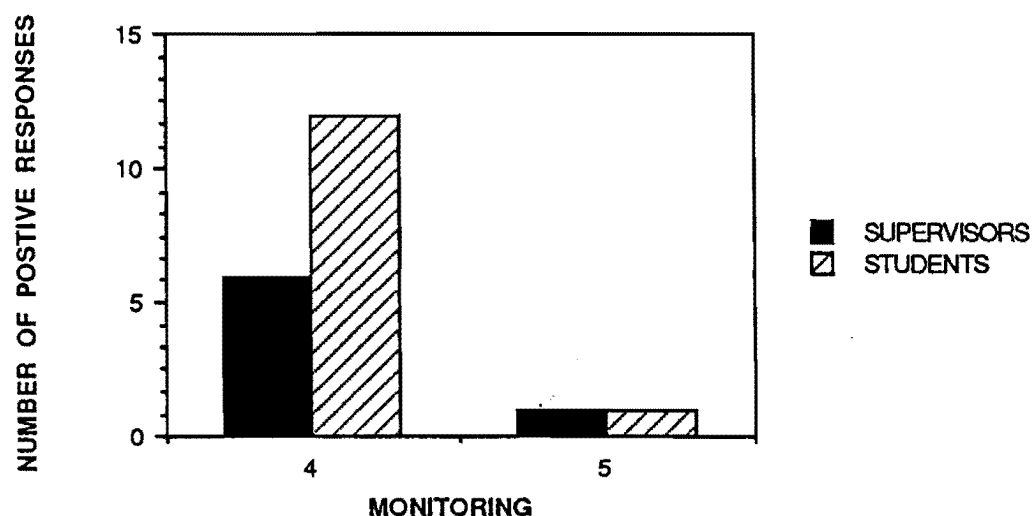


Figure 5. Column graph indicating number of positive responses of supervisors and students for Factor 5, Direct Monitoring of Practice.

N.B. The vertical axis has a change of description from previous and following figures.

Nearly all the subjects responded that at least one live supervision session was common in relation to the students being supervised. However, use of video-tape was minimal and there was a nil response to the audio-tape item.

Factor Six, Feedback to Students

The two items on feedback (14, 35) were about behaviours related to student competence and satisfaction with supervision.

14. Gave appropriate feedback to you about positive clinical skills and practices.
35. Gave appropriate feedback to you about non-facilitative behaviours.

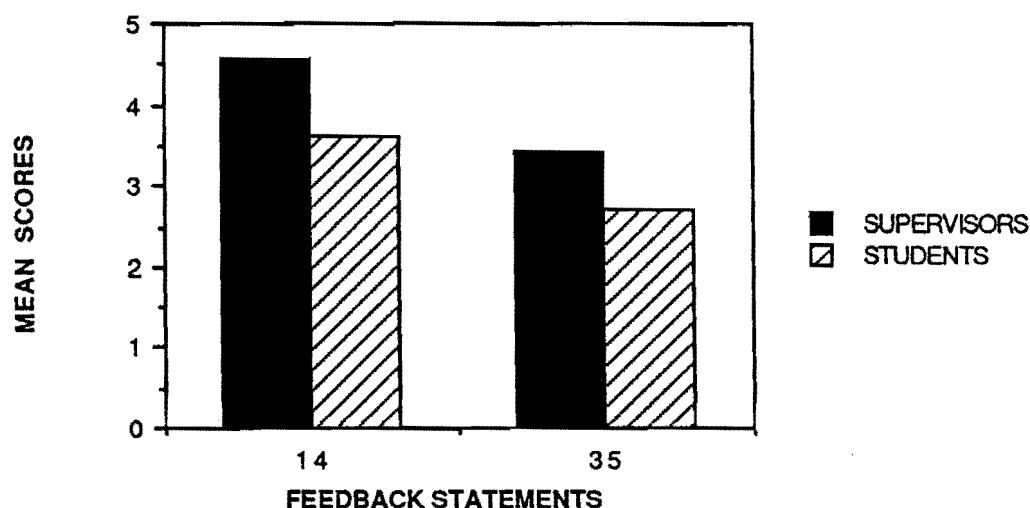


Figure 6. Column graph comparing mean scores of supervisors and students for Factor 6, Feedback to Students.

This factor indicates a marked difference between the mean responses of the supervisors and those of the students. For Item 14, referring to effective use of skills, the supervisors' perception of their own behaviour was close to **always**, whereas the students' perception supervisors' feedback was closer to **usually**. Feedback about ineffective interventions (Item 35) was clustered about **often** for both supervisors and students, with the supervisors' means above **often**, and the students means below **often**.

Factor Seven, Personal Interest in the Supervisee

Three items (8, 33, 34,) were grouped in this category, which recognized the interest of the supervisor in the student.

8. Taught specific skills intended to facilitate your style.
33. Helped you with personal problems that may interfere with your clinical practice.
34. Supervisor demonstrated, by role-playing, techniques of intervention.

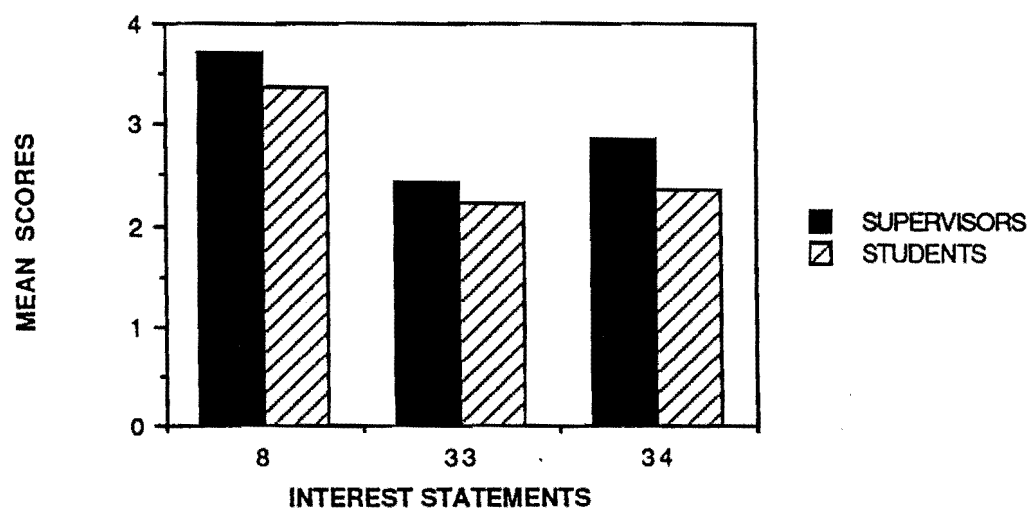


Figure 7. Column graph comparing mean scores of supervisors and students for Factor 7, Personal Interest in the Supervisee.

The mean scores for the items are similar for both supervisors and students. Item 8 means are between **often** and **usually**, Item 33 means cluster just above **sometimes**, and Item 34 means indicate responses of less than **often**.

Factor Eight, Establishment of Goals

Clear and mutually negotiated goals were addressed in three items (2, 24, 25).

2. Established clear goals together against which progress in supervision was measured.
24. Evaluated you during your time period together.
25. Renegotiated goals with you during your time period.

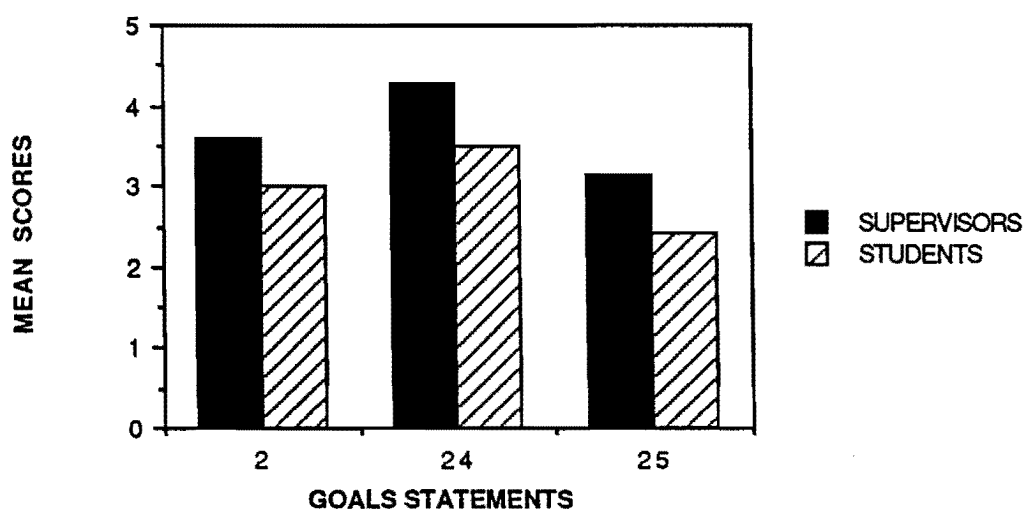


Figure 8. Column graph comparing mean scores of supervisors and students for Factor 8, Establishment of Goals.

The supervisors' mean scores tended to be higher than the students' scores. The students scores for this factor were situated either side of often, while the supervisors' scores for Items 2 and 24 were closer to usually, and for Item 25, closer to often.

Factor Nine, Respect for Supervisee

Five items (13, 23, 26, 30, 37) are identified as indicating the necessary respectful nature of the relationship between supervisor and student.

- 13. Supervisor was available for consulting at times other than regularly scheduled meetings.
- 23. Helped you assess your own strengths.
- 26. Called you by name at least one time per session.
- 30. Gave emotional support to you when necessary.
- 37. Supervisor consulted with you when emergencies arose with your clients.

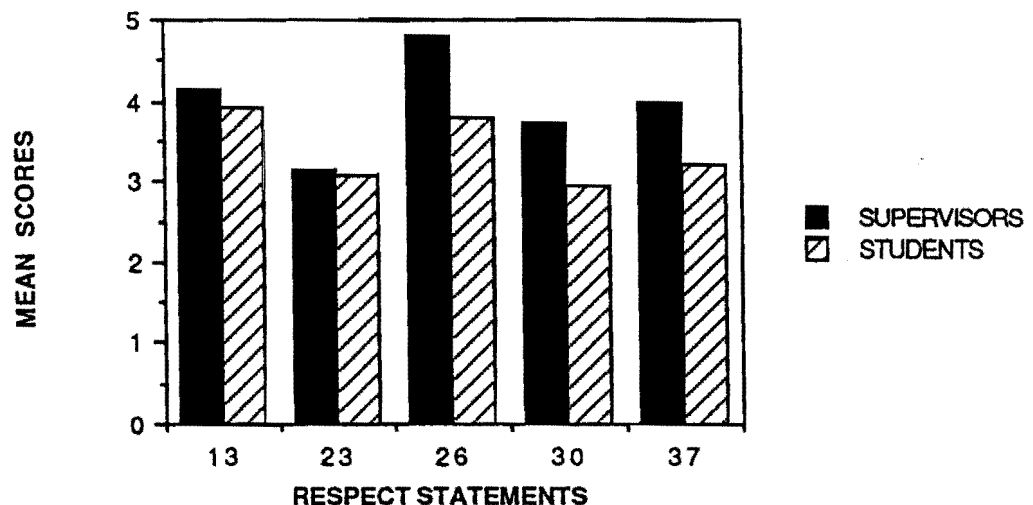


Figure 9. Column graph comparing mean scores of supervisors and students for Factor 9, Respect for Supervisee.

The greatest difference in the mean scores of supervisors and students is for Item 26. The supervisors' means clustered about *always*, whilst the student means were usually. The score for Item 13 was very similar with *usually* as the mean score for both supervisors and students. Item 23 has a matched response from supervisors and students of *often*. Items 30 and 37 had similar differences between the supervisors' and students' scores, closer to *usually* for supervisors and closer to *often* for students.

Factor Ten, Support While Learning

These eight items (3, 10, 11, 20, 21, 31, 41, 45) acknowledge the significance of the students' need for more supportive rather than challenging responses from supervisors, in the early stages of the students' practical experience.

3. During the initial sessions the supervisor provided more structure than during later sessions.
10. Modeled within the supervision session good task-oriented skills.
11. Gave direct suggestions when appropriate.
20. Helped you develop self-confidence as an emerging clinical psychologist.
21. Helped you realize that trying new skills usually seems awkward at first.
31. Labelled behaviour as effective or ineffective rather than right or wrong.
41. Focus on most of supervision sessions was on the relationship between supervisor and student.
45. Was generally more supportive than challenging.

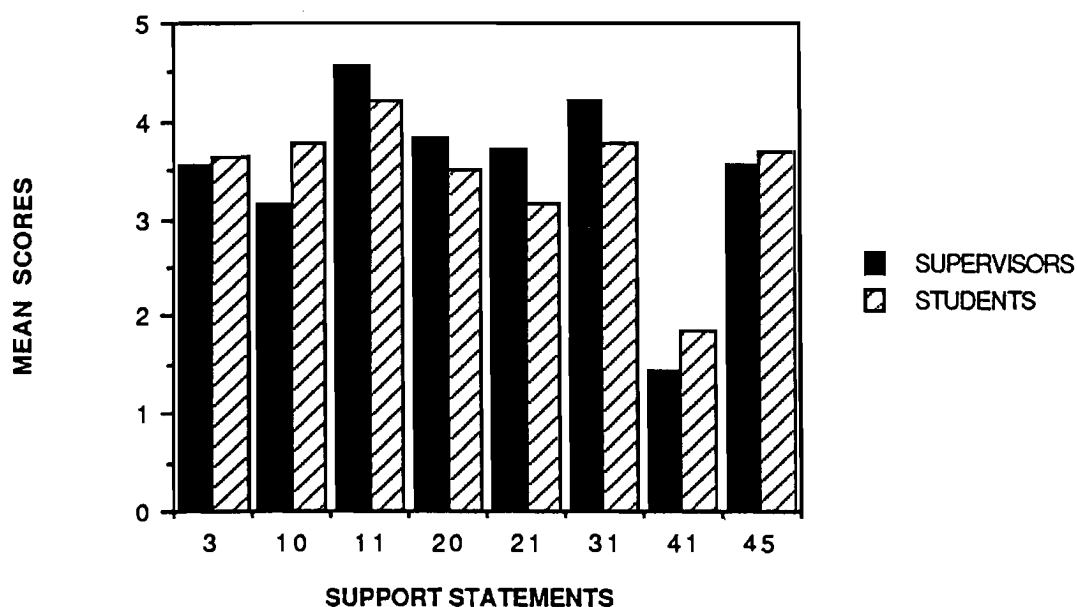


Figure 10. Column graph comparing mean scores of supervisors and students for Factor 10, Support While Learning.

Item 3 shows a similar response from supervisors and students, between often and usually. Item 10 indicated a response contradictory to the common responses, when students had a higher mean score than the supervisors' mean scores. Item 11 has a mean score for all subjects close to always. Item 41 has a low mean score between never and sometimes.

The remaining four items (20, 21, 31 & 45) cluster between often and usually, following the general pattern of a slightly higher mean response from supervisors.

Factor Eleven, Emphasis on Role/Hierarchy Differences

Four items (19, 22, 29, 38) make up this group where the aspect of power in the supervisory relationship is addressed.

- 19. Helped you assess your own areas for development/weaknesses.
- 22. Confronted you when appropriate.
- 29. Discussed with you experiences in your class discussion/case reports, in addition to clients.
- 38. Supervisor missed no more than one supervisory session during your placement period.

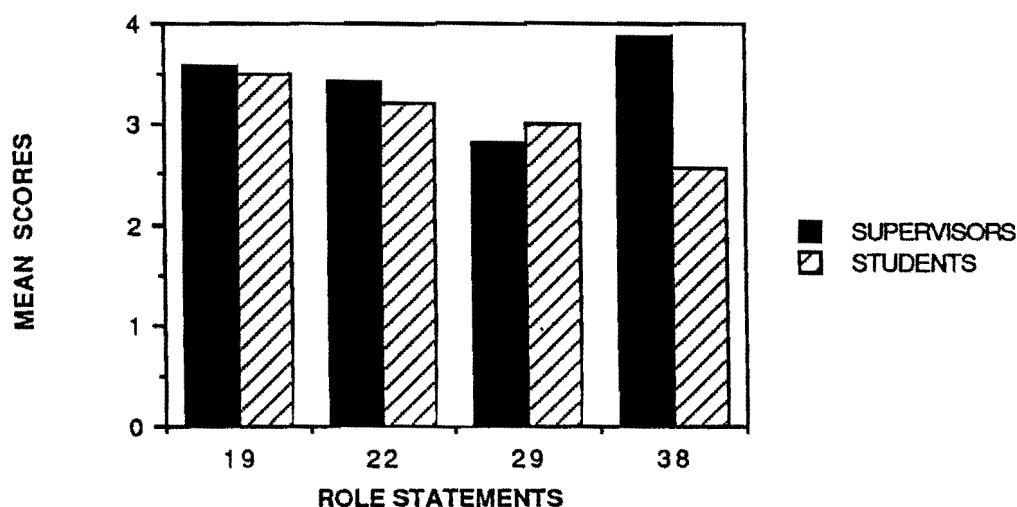


Figure 11. Column graph comparing mean scores of supervisors and students for Factor 11, Emphasis on Role/Hierarchy Differences.

The most noticeable difference in mean scores for this factor is for Item 38. There was a differential in excess of 20 per cent between supervisors' (usually) and students' (sometimes) mean scores, indicating one of the largest differences in the entire study. The remaining items' responses were closely matched for supervisors and students, clustering about often.

Factor Twelve, Rapport

These items (1, 15, 43, 44) are related to the impact of the supervisor on the satisfaction of the student with the experience of supervision as a component of their training.

1. Established good rapport.
15. Helped you conceptualize cases. Worked with you to evolve a joint conceptualization for cases.
43. Focus on most of the supervision session was on conceptualizing the dynamics of the client's personality.
44. Supervisor made it easy to give feedback about the supervision process.

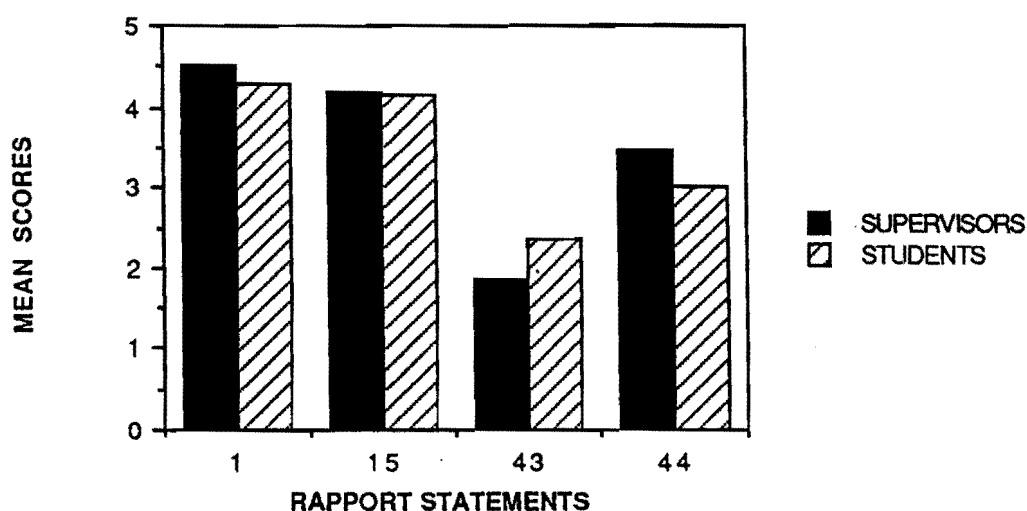


Figure 12. Column graph comparing mean scores of supervisors and students for Factor 12, Rapport.

Item 1 indicated a close match for all subjects between **usually** and **always**, and was a very similar mean score to Item 15. Item 43 indicated a mean score of only **sometimes** for most subjects, and the response to Item 44 indicted a shared mean score of **often**.

Number of Sessions and Number of Weeks at Placements

Data was obtained from the subjects about the number of supervisory sessions completed at the previous placement, and also about the number of weeks the placement lasted. Table 1. below indicates the wide variability of the responses from the students and supervisors.

Table 1.

Supervision Sessions and Weeks for Student Placements

	Students	Supervisors
Mean number of sessions	14.1	10.9
Mean number of weeks at placement	11.9	15.4
Range for number of sessions	36	15
Range for number of weeks	22	32

4.3 Supervision Personal Response Questionnaire (SPRQ)

Six of the seven supervisors who completed the SQ-R completed the SPRQ. All fourteen students completed this instrument. However, in some cases there were several items unanswered. The specific number of respondents will be shown for each item.

ITEM 1

Describe how you first engaged in the present supervisory arrangement. If you negotiated a contract please note the main issues addressed.

Supervisors, n = 6

Students, n = 14

The supervisors' responses ranged from a very specific but limited description of an arrangement to supervise one student from the University for one term, through to statements about expectations and the arrangement of supervision session times, to mutually agreed arrangements explicitly negotiated with the student as to possible experiences that might be made available for the student, as well as discussion of practical matters such as photocopying and sick-leave arrangements.

Student responses also covered a wide range. Two students had an informal arrangement of meeting with the supervisor before or after sessions with clients. Only four students arranged a specific time for supervision. The other students described arrangements that included discussion of clear guidelines for evaluating their performance, arrangements about liaison with multi-disciplinary teams, attending case presentations, reaching agreement about the student's responsibilities whilst on placement, and discussion about evaluation of the student. Finally, the students described some of the structures and processes arranged for feedback, including the student providing feedback to the supervisor, and providing feedback about the supervisory process.

Three students commented on the lack of discussion about either the model of supervision being practised, or about the process or content of supervision sessions.

ITEM 2

Sometimes there are conflicting roles and tasks occurring for a supervisor. These are: being a supervisor, being an immediate superior, and being required to participate in evaluation. What was the situation in your recent supervisory relationship?

Supervisors, n = 6

Students, n = 13

Only one supervisor had a single role as described above, but added an additional role of co-leader (with the student) of a therapeutic group. Four supervisors had two roles of supervisor and evaluator, and one supervisor had all three roles. There were three responses commenting on the preference of the supervisor to have only one role, because the conflict between support and evaluation poses difficulties for the supervisor, and detracts from the establishment of good rapport with the student.

Two students were supervised only, seven had supervisors with dual roles of supervisor and evaluator, and five had supervisors with all three roles. In addition one student had a supervisor with an additional role of co-leader. Students commented on their frustration with the conflict of roles, and their hesitation or reluctance to share anxieties, since this might show up badly for them in evaluation. One student commented about the opportunity for learning being stifled as a consequence of the supervisor having dual roles, and another student commented about the lack of ability to disclose personal difficulties about the placement because the supervisor had dual roles.

ITEM 3

How are ethics and legal aspects addressed in supervision? You may like to comment on the training you have had regarding ethics.

Supervisors, n = 6

Students, n = 14

All the supervisors commented about discussion with the student concerning ethics, and suggested relating ethics to some issue with each client. None commented specifically about legal issues. One supervisor reported that ethical principles and applications were usually raised by psychologists at the agency who were attending case conferences, and that these might pertain to actual cases, or that sometimes hypothetical cases were generated for the ethics discussion.

As far as training in ethical issues was concerned, two supervisors made no comment. One supervisor commented that the psychologists at the agency usually discussed ethics at case conferences, either related to actual cases, or with theoretical implications. The other three supervisors commented directly about their training in ethics, either as part of their own previous clinical psychology training, or as a current participant of New Zealand Psychological Society meetings or committees, or as part of peer discussions.

The student responses tended to fall into two distinct categories. Eight students were despondent about their lack of training in ethics, and the other group of four students were clearly positive about the adequacy of their training in ethics.

The more despondent students gave responses such as:

"minimal, ad hoc training"

"no training, no issues raised in supervision, felt responsible for own ethical standards"

"no ethics training - a sense of wait and see"

"informal conversations on placement"

In contrast, the positive students commented about ethics being well covered in training. Two examples are:

"Considerable training in ethics"

"Ethical training well covered in clinical training"

The other section of the item about ethical issues being raised in supervision drew responses that ranged from no ethical issues being raised, through to only having one or two cases during supervision, to ethics and legal issues being constantly addressed in supervision. Two students commented that they took the responsibility for raising issues perceived to be important in relation to ethics, although this was done in open discussion with the supervisor.

ITEM 4

With respect to supervision sessions, describe the process for you of distinguishing between theoretical concepts, and the clinical techniques that evolve from the theory.

Supervisors, n = 6

Students, n = 13

One supervisor described using her/his preferred model (behavioural-cognitive) as the approach to supervision sessions. Four supervisors involved the students in discussions about tracing a technique back to the conceptual framework, and one supervisor described a teaching process of stating theory, describing techniques and relating these to either actual or mock cases.

Among the students there were a variety of responses, including one who was uncertain of the meaning of the question. Five of the students found their supervision to be frustrating in assisting them to relate theory and practice. For example one student was left to discover theoretical concepts by her/himself in spite of that student's questions. One student's supervisor referred to relevant

literature, but the student had difficulty in translating reading into personal practice, although the supervisor described his/her own case interventions already used and related this back to the literature.

One student reported the supervisor being of great assistance by using video to do roleplays, and giving feedback. Three students described particularly helpful and satisfying processes in their supervision, appreciating their supervisors' skill and clarity in the recognition, teaching and practice of theory and related interventions. The most precise description was:

- "1. Hypothesis of what could be happening.
2. Look at information given by client.
3. Develop a formulation using the most appropriate theoretical concepts.
4. Work out a treatment plan using techniques evolving from the theory."

ITEM 5

Describe the training you have received to be a supervisor/supervisee.

Supervisors, n = 6 Students, n = 13

The supervisors' responses included: nil training, training 12 years ago, attending workshops wherever possible, own supervision (four supervisors) being the training/model, both the good and the not-so-good experiences.

Twelve of the thirteen student respondents answered "Nil training", accompanied by comments such as:

"Didn't know what to expect"

"Didn't know what was expected of me"

"No training about how to use supervision"

The lone beneficiary of student training for supervision had attended a course session including discussion between a supervisor and supervisee

describing their particular model of supervision, and had also attended a seminar on supervision that provided examples of a variety of styles of supervision.

ITEM 6

Describe your activities which indicate how you have been committed to a quality supervisory session.

Supervisors, n = 5 Students, n = 10

One supervisor interpreted the item in its wider sense and commented on attending workshops, assessment of supervision, and receiving feedback from colleagues. Another supervisor wrote about her general attitude to a session whereby she approached the session in a positive manner, listened well and did not permit any interruptions. The other three supervisors addressed such issues as setting agendas for the session with student, ensuring overt assessment procedures, providing both written and oral feedback to the student, providing written materials for the student, arranging a variety of activities for the student to ensure broad exposure to learning opportunities, and allowing extra time in the first and final sessions for planning and review.

The student responses tended to be more specifically related to supervision session behaviours. Common threads in their responses included being punctual, setting definite times, preparing for sessions with written questions related to client content, process of sessions with clients, general information and theory questions, reading articles about supervision from their own initiative since the course did not provide same, ensuring followup of issues from previous sessions that needed further discussion, taking notes in sessions and being prepared to listen, question and discuss matters.

ITEM 7

Please comment on your recent supervisory arrangement and whether supervision of the supervisor occurs.

Supervisors, n = 6 Students, n = 14

The supervisors varied widely in their responses to this item. The options range from weekly, fortnightly and "as necessary, maybe 1/12" supervision. Three supervisors stated that they used peer supervision, and one used an experienced clinical psychologist for professional supervision. One of these supervisors has requested external supervision, yet to be arranged. Another preferred peer supervision as an alternative to the poorer quality of supervision that would be anticipated if it were received from the senior psychologist in the agency.

Only one supervisor made any reference to receiving supervision for the supervision provided by them to a student on placement. Even in this case the arrangement was not formalised; rather it involved having discussions about the supervision they were offering with colleagues.

Of the fourteen students responding to this item, six did not know whether their supervisor received supervision, two knew their supervisor was not supervised, and one response suggested that the supervisor used the student to provide supervision. Five students knew that their supervisor was supervised, and two of these five used this item to add that their supervision had inadequacies, such as constant interruptions and supervisor being late for appointments, supervisor talking too much and not providing feedback. Apparently one supervisor tended to create an impression of being too pressured by other matters to adequately attend to the student.

One student noted a difficult and unclear conflict of roles whereby the placement supervisor was supervised by a staff member from the clinical psychology programme. The student did not know whether the supervision

was for the supervisor's clinical work, or for supervision of the student. One student used this item to comment on the excellence of supervision received from two supervisors from the agency, one as primary supervisor and the other as secondary supervisor. The supervisors' zest for teaching and supervision were much appreciated by the student.

ITEM 8

Comment on your awareness of gender or cultural issues or differences in your present supervisory arrangement.

Supervisors, n = 5 Students, n = 14

All five supervisors responded to this item with statements such as:

"gender issues openly discussed"

"keenly aware of gender and cultural issues"

"directly addressing these issues"

Two supervisors noted the combined impact of supervising a student who was a different gender and from a different cultural heritage. Both stated that these issues had been overtly discussed with the students concerned, and reiterated their acute awareness of the issues of power and gender.

From the students' perspective, awareness of gender and power was the strong theme to emerge. Two female students commented on the lack of emotional/personal support they had experienced from male supervisors in contrast to their experiences with women supervisors. One woman student was expected to get her male supervisor cups of tea, but had not encountered expectations of this task with previous women supervisors. Even if there were no conflicts, women students were still conscious of the power imbalance when their supervisors were male. As a comment on mixed gender dyads, two women students reported particularly beneficial interactions and processes as a consequence of overtly addressing gender issues with their male

supervisors. In both these cases there was a positive ripple effect extending further into the agency with the outcome of empowering other women staff members. One woman student commented on the recognition of role conflict/power issues when she attended social occasions at which her supervisor was present.

ITEM 9

Briefly describe how parallel process has been addressed in your supervision sessions.

Supervisors, n = 5

Students, n = 12

One supervisor answered that parallel process was "directly spoken of". One supervisor acknowledged a lack of knowledge of the process, and two answered by addressing the item as though they understood parallel process as having the same meaning as modelling, or the supervisor perceiving supervision as being a valuable process for both participants, supervisor and student. The fifth supervisor commented that, since the supervised student did not interview clients, the process had not been addressed.

Six of the students replied that they did not know the meaning of parallel process. Five students answered that parallel process had not been addressed, and one responded to the item as though referring to counter-transference rather than parallel process.

CHAPTER FIVE

DISCUSSION

5.1 Supervision and Student Placements for Clinical Psychology

The present exploratory study provides information about significant variables related to supervision and students on placement as a component of university training for clinical psychology. The intention of the study is to generate a data and information base for further research. A number of interesting aspects emerge concerning perceived differences by supervisors and students in supervision. In addition there are apparent differences in the core content of the training courses, in relation to what might be considered as minimum national standards for what is essentially a New Zealand qualification, albeit, based on the American Psychological Association's model.

The results indicate an alignment with both American and British studies and literature, as discussed in the literature review. The two questionnaires used in the present study, highlight the complexity of variables that are inherent in the training of professional psychologists both as teachers and practitioners, and focus on the supervisory relationship in particular, and the education of clinical psychologists in general.

One of the most consistent results of the SQ-R is that the mean scores of the supervisors' responses to the statements were generally higher than the students' mean scores. Reasons for this outcome include the possibility that the supervisors who were interested to make the time to participate in the study might have a particularly positive interest in their own professional contribution to the training of their future colleagues. On the other hand, those students who participated in the study may have been motivated to do so as a consequence of having a neutral opportunity to address some of their

concerns or difficulties experienced in supervision sessions, or as a manifestation of their interest in and commitment to an improvement in their professional training. Several students were, however, very appreciative of specific aspects of the supervision they had received.

From the SQ-R data, the means for the scores of both the supervisors and the students were calculated and then presented in graph form to highlight the differences. Perhaps the most pertinent information to be gained from this data is the indication of trends in certain behaviours in supervisory sessions. The Likert scale selected used only five alternative options, and thus provided a limited difference between the options. The information and data gathered in the present study needs to be assessed in relation to the questions, "Does this mean score indicate an acceptable level of this particular behaviour in supervisory sessions?", and "Is the difference between the perception of the supervisors and the students about behaviours in supervisory sessions acceptable, and what might be inferred from such differences?" It is not the intention of the present study to answer those questions, but as previously stated, to provide and highlight the information in order to allow further research to be generated.

The participants were asked to note the number of sessions attended, and the time period of the supervisory arrangement at the placement location. The wide range of number of sessions is of concern in with considerable differences among supervisors (5-20 sessions) and students (8-40 sessions). Additionally, the number of weeks of the placements indicated a range of 8-40 weeks for supervisors and of 4-26 weeks for students. These differences in the above figures need to be taken seriously and explained or justified (assuming they are not arbitrary or conventional decisions). In other words, the purpose of the selected time period at a placement should be clearly identified and have a specific rationale or objective.

Information from the study suggests a significant lack of training for supervisors. This is of concern since there is a body of international research that appears to substantiate the view that supervision training consists of identifiable factors that have a subsequent positive impact on the supervisee. Given the apparent lack of training for supervisors, the question arises as to which national organization might take the responsibility for initiating and co-ordinating such courses.

The question addressing supervision of supervisors prompted some relevant and significant responses. Given that only one supervisor noted that he/she received supervision for the supervision provided to the student, a conclusion could be reached that this type of supervision is not common practice. Such a conclusion leads to a proposal that this matter be given urgent attention by practising supervisors. However, in the light of all the responses to the questionnaire item, perhaps it is timely to consider the larger issue of all professional clinical psychologists receiving effective supervision of their work in a more consistent manner.

Reflecting on the theories that there are identifiable stages of development for supervisees, the overall results of the present study reinforce the characteristics of the first stage of supervisee development. Disappointing results are observed in relation to the influence of the supervisory relationship. Given that clinical psychologists, as a co-requisite to working in psychotherapy, could be expected to have well developed interpersonal skills as well as having pursued personal growth, higher mean scores might have been anticipated.

There appears to be a need for improvement in relation to the structure of supervision sessions, which is an important responsibility of the supervisors. Making contracts, setting goals and evaluating them, and structuring sessions are all significant tasks for supervisors leading to creating a safe environment

that best facilitates student learning and development.

The results from the questionnaires indicate consistent use of live supervision, but very limited use of video-tapes or audio-tapes. Audio-taping is a particularly potent and valuable process for monitoring the work of students. In addition, students respond well to using audio-tapes from the beginning of their training as they accept the familiar process as a normal and effective part of supervision. It is possible that audio-taping is used more frequently on later placements, yet its early introduction provides objective and useful feedback for students.

In combination with the results about the transfer of learning from theory to practice, the information gained about feedback practices suggests that an improvement in more structured feedback as well as specific performance criteria would be of great assistance to student learning. As mentioned earlier, the feedback system used by the supervisor is one of the most pertinent factors of supervision, and again training for supervision would alleviate the apparent deficiency in this area.

In response to the item regarding multiple-role conflict for supervisors and the consequent impact on students, the wide variety of roles and the different combinations of roles deserve further scrutiny. Possibly some attempt could be made to both minimize the number of roles, and also to clarify the implications of conflicting roles to the advantage of both supervisor and student. The pertinent issues raised by some of the responses from students who found the multiple roles frustrating can be addressed by overtly including a consideration of acceptable role limits for supervisors.

If psychotherapy is to be considered a significant component of clinical psychology training and practice in New Zealand as it is overseas, then recognition and acknowledgement of parallel process could be expected in responses to the questionnaire item. The results for this item indicate scant

knowledge from the respondents, and is a cause for concern. An adequately trained supervisor is likely to be constantly aware of the presence and influence of parallel process.

A profession such as psychology has the ability and power to promote political, social and economic advancement (Woody & Robertson, 1988). Accordingly, the responses to the item about gender and cultural issues have some significance. In general the responses of the students' (the majority of whom were women) reflected overseas findings: that for women students there was a clear awareness of a power imbalance when they were paired with a male supervisor. In contrast, however, it is heartening to have the positive responses of those women students who experienced the benefits of overtly addressing gender issues with male supervisors.

Finally, the responses to the item referring to ethical and legal issues indicate that there are apparently disturbing omissions in the teaching of ethics to students doing clinical psychology training. Recent research clearly advocates the specific teaching of ethics as well as decision-making and action strategies regarding ethical dilemmas. Given the small number of training programmes in New Zealand, and the reasonably locatable number of clinical psychologists in this country, the leaders in this profession could well instigate effective training workshops or seminars in order to address this highly significant issue.

5.2 Limitations of the Present Study

In relation to the limitations of the present study, one unexpected outcome of the research was the very low response rate. The author assumed that professional psychologists acting as supervisors, and students in training, would have a commitment to participating in research related to monitoring and improving their own professional practice. This study and its subsequent

usefulness is addressed not only to the supervisors and the students interests, but also to the interests of the broader community, in terms of accountability and responsibility.

Perhaps the supervisors had some anxiety about the possibility of their suffering negative consequences as an outcome of their participation in the study. On the other hand, the survey may have arrived at a time when there was pressure from the training course, and this may have influenced both the supervisors and the students. However, the low response rate does raise an issue of concern about the commitment of supervisors and students to improving the quality of their interactions in the supervisory relationship, and in general about enhancing and developing improvements in relation to their professional training. Given the commitment to research by clinical psychologists, participation in the present study could have been expected to have generated a higher return rate.

Although the SQ-R is stated to be an instrument that is able to be completed by both supervisors and/or trainees, it would appear that the language of the questionnaire created some difficulties for supervisors.

5.3 Recommendations for Future Studies

Supervision of student placements for clinical psychologists in university programmes is always a component of training. However, comprehensive research about what happens in training and supervision is lacking in New Zealand. Several aspects for future research emerge as a consequence of the results of the present study. Future research should provide valuable information about the range of clinical psychology training available and permit subsequent alignment of core content, the specification of supervisory models, processes and required outcomes, and the common research areas pursued by clinical psychologists. Since the present study only addressed one

year group, comparative research could be conducted on students doing the internship year, or recently registered clinical psychologists who are in their first year of practice after training.

We have a small national population in New Zealand and a university post-graduate qualification in clinical psychology that produces a limited number of graduates each year. We would do well to confirm or deny that there are enough shared core components in the training for the qualification of clinical psychologist. In addition, the client/consumer has the right to be informed and given assurance about the standards and type of service being offered by those practising in the specialty area of clinical psychology.

5.4 Conclusion

The results of the present study suggest that if further research about supervision as a component of the training of clinical psychologists were to be carried out and the results were to confirm the findings of the present study, then some substantial developments in setting consistent national standards for supervision training could be instigated. The benefits of appropriate training for supervisors will enhance not only their own work with students, but have a direct benefit for the students, and of course provide an improved service to the client who is the recipient of the clinical psychologists' assessment and interventions. In relation to student learning needs, there are indications from the results of the present study that some aspects of the link between university training and practicum experience are not meeting student needs at present. Finally, the professional psychologists who practise as clinical psychologists in New Zealand do not appear to be represented by a specialist Board which has been charged with developing and interrelating quality assurance policies for both clinical training and practice.

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UNIVERSITY OF CANTERBURY

DEPARTMENT OF PSYCHOLOGY

SUPERVISION QUESTIONNAIRE *

Please tick the appropriate square

Female | |

Supervisor | |

Male | |

Student | |

This questionnaire covers your most recent supervisory arrangement, not your current arrangement.

How many sessions did you have?

What time period did this arrangement cover? weeks.

If you are a STUDENT, please use the following scale to rate your previous supervisor's behaviours, (i.e. not your current placement supervisor).

If you are a SUPERVISOR, please use the following scale to rate your own behaviours with your most recent student (i.e. not your current student placement).

NEVER1
 SOMETIMES2
 OFTEN3
 USUALLY4
 ALWAYS5

* Modified from Worthington, (1984)

DESCRIPTION OF SUPERVISOR'S BEHAVIOUR

	Never = 1	Always = 5
1. Established good rapport.	
2. Established clear goals together against which progress in supervision was measured.	
3. During the initial sessions the supervisor provided more structure than during later sessions.	
4. Observed you working (live) a minimum of one time.		Yes/No
5. Observed a videotape of you working.		Yes/No
6. Listened to an audiotape of you working.		Yes/No
7. Provided relevant literature or references on specific treatment or assessment techniques.	
8. Taught specific skills intended to facilitate your style.	
9. Was sensitive to differences between how you talk about your actions and how you really behave with clients.	
10. Modeled within the supervision session good task-oriented skills.	
11. Gave direct suggestions when appropriate.	
12. Supervisor allowed you to observe, work with, listen to audiotapes or view videotapes of her/him working.	
13. Supervisor was available for consulting at times other than regularly scheduled meetings.	
14. Gave appropriate feedback to you about positive clinical skills and practices.	
15. Helped you conceptualize cases. Worked with you to evolve a joint conceptualization for cases.	
16. Encouraged you to experiment with difference assessment and intervention techniques to discover your own unique style.	
17. Suggested specific ways to help you get your clients to accept your conceptualizations of the clients problems.	

- | | Never = 1 | Always = 5 |
|--|-----------|------------|
| 18. Used humour in supervision sessions. | | |
| 19. Helped you assess your own areas for development/
weaknesses. | | |
| 20. Helped you develop self-confidence as an emerging
clinical psychologist. | | |
| 21. Helped you realize that trying new skills usually seems
awkward at first. | | |
| 22. Confronted you when appropriate. | | |
| 23. Helped you assess your own strengths. | | |
| 24. Evaluated you during your time period together. | | |
| 25. Renegotiated goals with you during your time. | | |
| 26. Called you by name at least one time per session. | | |
| 27. Provided suggestions for alternate ways of
conceptualizing clients. | | |
| 28. Provided alternate ways of intervening with clients. | | |
| 29. Discussed with you experiences in your class
discussion / case reports in addition to clients. | | |
| 30. Gave emotional support to you when necessary. | | |
| 31. Labeled behaviour as effective or ineffective rather
than right or wrong. | | |
| 32. Used the relationship between supervisor and student
to demonstrate counselling/therapy principles. | | |
| 33. Helped you with personal problems that may interfere
with your clinical practice. | | |
| 34. Supervisor demonstrated, by roleplaying, techniques
of intervention. | | |
| 35. Gave appropriate feedback to you about non-facilitative
behaviours. | | |
| 36. Supervisor shared his/her own experiences with client
with you. | | |

Never = 1 Always = 5

37. Supervisor consulted with you when emergencies arose with your clients.
38. Supervisor missed no more than one supervisory session during your placement period. (If a missed session was rescheduled, it is not counted as missed.)
39. Supervisory sessions lasted about 50 minutes.
40. At least 45 minutes of each supervisory session were spent discussing clinical practices and/or clients.
41. Focus on most supervision sessions was on the relationship between supervisor and student.
42. Focus of most supervision sessions was on content of session with client.
43. Focus of most supervision sessions was on conceptualizing the dynamics of the client's personality.
44. Supervisor made it easy to give feedback about the supervision process.
45. Gave appropriate feedback to you about non-facilitative behaviours.
46. Helped prepare you for consultation and case disposition after intake interviews.

Appendix 2

STUDENT DATA SQ-R

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
1	4.000	2.000	2.000	1.000	-1.000	-1.000	2.000
2	4.000	5.000	5.000	1.000	-1.000	-1.000	5.000
3	4.000	2.000	2.000	-1.000	-1.000	-1.000	1.000
4	3.000	1.000	2.000	1.000	-1.000	-1.000	1.000
5	5.000	4.000	4.000	1.000	-1.000	-1.000	4.000
6	4.000	4.000	4.000	1.000	-1.000	-1.000	5.000
7	4.000	2.000	3.000	1.000	-1.000	-1.000	3.000
8	5.000	5.000	5.000	-1.000	-1.000	-1.000	4.000
9	5.000	4.000	5.000	1.000	1.000	-1.000	5.000
0	5.000	3.000	3.000	1.000	-1.000	-1.000	5.000
1	4.000	1.000	3.000	1.000	-1.000	-1.000	4.000
2	4.000	2.000	5.000	1.000	-1.000	-1.000	3.000
3	5.000	3.000	3.000	1.000	-1.000	-1.000	5.000
4	4.000	4.000	5.000	1.000	-1.000	-1.000	2.000
	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14
1	3.000	2.000	2.000	4.000	5.000	4.000	3.000
2	5.000	4.000	5.000	5.000	5.000	5.000	5.000
3	2.000	4.000	2.000	1.000	1.000	4.000	2.000
4	1.000	2.000	4.000	4.000	1.000	4.000	2.000
5	5.000	4.000	5.000	5.000	5.000	4.000	4.000
6	2.000	2.000	4.000	5.000	2.000	4.000	3.000
7	4.000	5.000	3.000	4.000	5.000	4.000	5.000
8	4.000	4.000	5.000	5.000	5.000	4.000	4.000
9	4.000	5.000	5.000	5.000	2.000	3.000	4.000
0	5.000	4.000	5.000	5.000	5.000	5.000	5.000
1	4.000	3.000	4.000	5.000	2.000	4.000	3.000
2	2.000	3.000	4.000	5.000	2.000	2.000	5.000
3	4.000	3.000	3.000	3.000	3.000	3.000	4.000
4	2.000	2.000	2.000	3.000	3.000	5.000	2.000
	Column 15	Column 16	Column 17	Column 18	Column 19	Column 20	Column 21
1	3.000	4.000	3.000	2.000	2.000	4.000	4.000
2	5.000	4.000	3.000	3.000	4.000	5.000	4.000
3	3.000	2.000	1.000	2.000	3.000	2.000	1.000
4	3.000	1.000	2.000	3.000	1.000	2.000	1.000
5	4.000	4.000	3.000	4.000	4.000	4.000	4.000
6	4.000	2.000	2.000	5.000	2.000	2.000	2.000
7	5.000	4.000	5.000	2.000	4.000	4.000	4.000
8	5.000	4.000	4.000	4.000	5.000	5.000	5.000
9	3.000	2.000	2.000	3.000	4.000	4.000	4.000
0	5.000	3.000	5.000	5.000	5.000	5.000	5.000
1	5.000	3.000	4.000	4.000	4.000	4.000	4.000
2	4.000	4.000	3.000	2.000	4.000	3.000	2.000
3	4.000	3.000	3.000	4.000	3.000	4.000	2.000
4	5.000	2.000	3.000	3.000	4.000	1.000	2.000

STUDENT DATA SQ-R

	Column 22	Column 23	Column 24	Column 25	Column 26	Column 27	Column 28
1	2.000	2.000	3.000	1.000	2.000	3.000	3.000
2	5.000	4.000	5.000	3.000	5.000	4.000	3.000
3	3.000	2.000	1.000	2.000	5.000	2.000	2.000
4	2.000	1.000	3.000	1.000	5.000	3.000	2.000
5	4.000	5.000	5.000	3.000	5.000	4.000	4.000
6	2.000	2.000	1.000	1.000	3.000	2.000	2.000
7	3.000	4.000	4.000	3.000	2.000	4.000	4.000
8	1.000	3.000	2.000	3.000	5.000	3.000	4.000
9	5.000	4.000	5.000	3.000	5.000	2.000	2.000
10	5.000	5.000	5.000	3.000	1.000	3.000	3.000
11	4.000	4.000	4.000	2.000	5.000	4.000	4.000
12	4.000	4.000	4.000	2.000	2.000	4.000	4.000
13	3.000	2.000	3.000	2.000	5.000	4.000	4.000
14	2.000	1.000	4.000	5.000	3.000	3.000	2.000

	Column 29	Column 30	Column 31	Column 32	Column 33	Column 34	Column 35
1	3.000	3.000	2.000	2.000	2.000	2.000	2.000
2	5.000	5.000	5.000	4.000	3.000	3.000	3.000
3	1.000	2.000	4.000	1.000	1.000	1.000	2.000
4	3.000	1.000	1.000	2.000	1.000	1.000	2.000
5	4.000	4.000	4.000	3.000	4.000	5.000	4.000
6	2.000	2.000	4.000	3.000	1.000	1.000	2.000
7	3.000	4.000	3.000	2.000	2.000	1.000	2.000
8	4.000	5.000	5.000	5.000	5.000	3.000	3.000
9	3.000	2.000	4.000	1.000	1.000	4.000	3.000
10	1.000	4.000	5.000	5.000	3.000	3.000	5.000
11	4.000	5.000	4.000	3.000	4.000	3.000	3.000
12	2.000	2.000	4.000	2.000	2.000	2.000	4.000
13	4.000	1.000	3.000	1.000	1.000	3.000	2.000
14	3.000	1.000	5.000	2.000	1.000	1.000	1.000

	Column 36	Column 37	Column 38	Column 39	Column 40	Column 41	Column 42
1	4.000	2.000	3.000	2.000	1.000	1.000	4.000
2	4.000	4.000	1.000	4.000	5.000	2.000	3.000
3	3.000	4.000	1.000	5.000	2.000	1.000	4.000
4	1.000	1.000	1.000	4.000	4.000	1.000	4.000
5	5.000	4.000	1.000	5.000	5.000	3.000	4.000
6	3.000	5.000	1.000	4.000	4.000	1.000	4.000
7	4.000	5.000	1.000	5.000	5.000	2.000	3.000
8	3.000	2.000	4.000	2.000	2.000	2.000	4.000
9	4.000	1.000	5.000	5.000	5.000	1.000	4.000
10	5.000	1.000	5.000	2.000	3.000	3.000	3.000
11	4.000	5.000	2.000	5.000	5.000	5.000	1.000
12	3.000	5.000	5.000	5.000	5.000	2.000	5.000
13	3.000	1.000	1.000	4.000	5.000	1.000	3.000
14	3.000	5.000	5.000	5.000	5.000	1.000	5.000

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STUDENT DATA SQ-R

	Column 43	Column 44	Column 45	Column 46	Column 47	Column 48	Column 49
1	3.000	2.000	4.000	3.000	1.000	12.000	8.000
2	3.000	4.000	4.000	5.000	1.000	12.000	4.000
3	3.000	2.000	4.000	3.000	-1.000	4.000	4.000
4	2.000	1.000	1.000	1.000	1.000	8.000	8.000
5	4.000	5.000	4.000	4.000	1.000	9.000	4.000
6	4.000	2.000	3.000	4.000	1.000	16.000	8.000
7	3.000	4.000	4.000	0.000	1.000	40.000	10.000
8	3.000	4.000	5.000	4.000	1.000	5.000	12.000
9	1.000	5.000	3.000	2.000	1.000	12.000	12.000
10	1.000	3.000	5.000	3.000	1.000	4.000	11.000
11	3.000	3.000	5.000	3.000	1.000	14.000	25.000
12	1.000	2.000	3.000	5.000	1.000	19.000	21.000
13	1.000	3.000	0.000	1.000	1.000	14.000	14.000
14	1.000	2.000	3.000	4.000	1.000	28.000	26.000

SUPERVISOR DATA SQ-R

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
1	4.000	3.000	5.000	1.000	-1.000	-1.000	5.000
2	0.000	3.000	4.000	1.000	-1.000	-1.000	3.000
3	5.000	4.000	1.000	-1.000	-1.000	-1.000	3.000
4	5.000	4.000	3.000	1.000	1.000	-1.000	3.000
5	4.000	4.000	5.000	1.000	-1.000	-1.000	4.000
6	5.000	4.000	5.000	1.000	-1.000	-1.000	4.000
7	4.000	3.000	2.000	1.000	-1.000	-1.000	2.000
	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14
1	5.000	4.000	3.000	5.000	4.000	5.000	5.000
2	3.000	0.000	3.000	5.000	5.000	3.000	5.000
3	2.000	0.000	2.000	5.000	5.000	5.000	5.000
4	4.000	4.000	4.000	5.000	5.000	5.000	4.000
5	4.000	5.000	4.000	3.000	1.000	3.000	4.000
6	5.000	5.000	4.000	5.000	5.000	5.000	5.000
7	3.000	3.000	2.000	4.000	2.000	3.000	4.000
	Column 15	Column 16	Column 17	Column 18	Column 19	Column 20	Column 21
1	4.000	3.000	4.000	5.000	5.000	4.000	4.000
2	4.000	2.000	0.000	4.000	3.000	0.000	3.000
3	0.000	4.000	4.000	4.000	3.000	3.000	2.000
4	4.000	3.000	4.000	5.000	3.000	4.000	5.000
5	4.000	1.000	5.000	3.000	4.000	3.000	3.000
6	5.000	3.000	0.000	4.000	4.000	5.000	5.000
7	4.000	5.000	4.000	3.000	3.000	4.000	4.000
	Column 22	Column 23	Column 24	Column 25	Column 26	Column 27	Column 28
1	4.000	4.000	5.000	2.000	5.000	4.000	3.000
2	3.000	1.000	3.000	4.000	5.000	2.000	2.000
3	2.000	2.000	4.000	4.000	4.000	0.000	2.000
4	4.000	4.000	5.000	5.000	5.000	3.000	4.000
5	4.000	4.000	5.000	2.000	5.000	5.000	5.000
6	4.000	4.000	5.000	3.000	0.000	4.000	3.000
7	3.000	3.000	3.000	2.000	5.000	4.000	3.000

SUPERVISOR DATA SQ-R

	Column 29	Column 30	Column 31	Column 32	Column 33	Column 34	Column 35
1	4.000	4.000	5.000	4.000	3.000	2.000	3.000
2	2.000	2.000	0.000	0.000	1.000	3.000	4.000
3	1.000	4.000	5.000	4.000	2.000	2.000	2.000
4	4.000	5.000	5.000	2.000	4.000	4.000	4.000
5	2.000	4.000	2.000	2.000	4.000	4.000	4.000
6	0.000	4.000	4.000	4.000	1.000	4.000	4.000
7	4.000	3.000	0.000	3.000	2.000	1.000	3.000

	Column 36	Column 37	Column 38	Column 39	Column 40	Column 41	Column 42
1	4.000	0.000	4.000	4.000	3.000	1.000	4.000
2	3.000	3.000	2.000	2.000	2.000	1.000	4.000
3	4.000	0.000	1.000	2.000	2.000	1.000	0.000
4	5.000	5.000	5.000	4.000	4.000	2.000	5.000
5	4.000	4.000	5.000	5.000	5.000	1.000	4.000
6	5.000	0.000	5.000	4.000	4.000	2.000	4.000
7	4.000	4.000	5.000	5.000	3.000	2.000	1.000

	Column 43	Column 44	Column 45	Column 46	Column 47	Column 48	Column 49
1	2.000	3.000	2.000	3.000	1.000	12.000	12.000
2	2.000	3.000	5.000	3.000	1.000	6.000	15.000
3	1.000	4.000	4.000	0.000	1.000	5.000	8.000
4	1.000	4.000	4.000	5.000	1.000	10.000	10.000
5	2.000	1.000	2.000	0.000	1.000	20.000	40.000
6	2.000	5.000	4.000	0.000	1.000	13.000	13.000
7	3.000	4.000	4.000	3.000	-1.000	10.000	10.000

Appendix 3

UNIVERSITY OF CANTERBURY
DEPARTMENT OF PSYCHOLOGY

PERSONAL RESPONSE QUESTIONNAIRE

Please tick the appropriate square:

Female | |

Supervisor | |

Male | |

Student | |

This questionnaire covers your most recent supervisory arrangement - i.e. not your current arrangement.

How many sessions did you have?

What time period did this arrangement cover?weeks.

The following questions address areas not covered in the 46-item questionnaire. They are: contracts, conflicts of roles, ethics, transfer of learning from theory to practice, supervision of supervision, gender or cultural issues, and parallel process.

Please write a brief response to the following:-

You are welcome to attach additional pages if the space below is not sufficient.

1. Describe how you first engaged in the present supervisory arrangement. If you negotiated a contract please note the main issues addressed.

2. Sometimes there are conflicting roles and tasks occurring for a supervisor. These are being a supervisor, being an immediate superior, and being required to participate in evaluation. What was the situation in your recent supervisory relationship?

3. How are ethics and legal aspects addressed in supervision? You may like to comment on the training you have had regarding ethics.

4. With respect to supervision sessions, describe the process for you of distinguishing between theoretical concepts, and the clinical techniques that evolve from the theory.

5. Describe the training you have received to be a supervisee/supervisor. (Please delete whichever one is not applicable.)

6. Describe your activities which indicate how you have been committed to a quality supervisory session.

7. Please comment on your recent supervisory arrangement, and whether supervision of the supervisor occurred.

8. Comment on your awareness of gender or cultural issues or differences in your recent supervisory arrangement.

9. Briefly describe how parallel process has been addressed in your supervisory sessions.

THANK YOU FOR YOUR TIME.

Appendix 4

DEPARTMENT OF PSYCHOLOGY,
UNIVERSITY OF CANTERBURY

CONSENT FORM

TITLE; Supervision and Student Placements for Clinical Psychology

You will find attached two questionnaires which have been constructed to obtain information about supervision and clinical psychology training. I would like you to assist me by completing the questionnaires. There are no right or wrong answers. Please do NOT write your name on the questionnaires as your responses should be anonymous.

Risks associated with participation; None.

Time required; Approximately one hour.

Name of researcher/supervisor; Researcher, Marie Meyer
Supervisor, Dr Brian Haig

"I agree to participate in the project described above, on the understanding that if at any time I wish to withdraw from the study I may, without prejudice, do so. I understand that any information I give will be confidential and no identifiable information will appear in any publication subsequent to this research."

NAME

DATE